Medical Economics

Published every other Monday · Issue of July 21, 1961

ME 1961

Is package auto insurance for you?

They're better doctors — because they were patients 'Medicine's now an industry, and you're just a cog'



Bendectin at bedtime prevents morning sickness



here's why:



REDTIME

EARLY MORNING

BENDECTIN release assures peak action when she needs it most...first thing in the morning!

"... I have gained the best results with [BENDECTIN]... Because these tablets have a protective coating ... the dose taken at night becomes effective in the morning."

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Double-blind study shows BENDECTIN effective in 94% of patients.² In compiled reports, effective in 1220 of 1267 patients.²⁻⁶

With BENDECTIN, there are no phenothiazine-like side effects.

And BENDECTIN costs less per day than a quart of milk.

Dosage: Two tablets at bedtime.

Supply: Bottles of 100 and 500.

Formula: Each special coated tablet contains Bentyl (dicyclomine) hydrochloride, 10 mg.; Decapryn (doxylamine) succinate, 10 mg.; Pyridoxine hydrochloride, 10 mg.

References: 1. Middleson, T. F.: Postgrad. Med. 24:699, 1938. 2. Geiger, C. J., et. al.: Obst. & Gynec. 5:688, 1959. 3. Nulsen, R. O.: Ohio State M. J. 33:665, 1957. 4. Towns, J. E.: Internat. Rec. Med. 174:583, 1958. 5. Woodhull, R. B.: Western Med. 1:13, 1960. 6. Personal communications: 1956-60.

Brochure with full product information available on request.

TRADENARIES : BENDECTING, BENTYLE, DECAPRYS



THE WM. S. MERRELL COMPANY Division of Richardson-Merrell Inc. Cincinnati, Ohio/Weston, Ontario

What's ahead for you

Medical Economics, July 31, 1961

YOUR DOLLAR WILL BUY about as much at year-end as it does now, based on latest data. Prices didn't rise as expected after the recession; some have even dipped. It's apparent that inflation has halted for at least a few months.

DON'T EXPECT OSTEOPATHY TO SUCCUMB soon to medicine's attempt to integrate M.D.s and D.O.s. The American Osteopathic Assn. has assessed its members \$75 (on top of a \$35 assessment some months ago) to fight M.D.-D.O. mergers.

LOOK FOR MORE STOCKS TO SPLIT this year than last, advises Standard & Poor's. Top candidates are issues priced at \$75 or more that have good earnings records, have split before, and are substantially owned by management.

THE KEOGH BILL WILL PASS next year, if not this, its sponsor predicts. The measure, which would give self-employed doctors a tax break on retirement savings, has already passed the House. The Senate Finance Committee will clear it this year, says Rep. Eugene Keogh—but some senators may delay passage until '62.

BIGGEST THING SINCE THE FLEXNER REPORT: That's how the A.M.A.'s new recommendations on

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... What's ahead for you

discipline are being hailed. They'll do as much to beef up medicine's self-policing as the 1910 Flexner Report did to wipe out "diploma mills," some observers say. The next step will come in November, when the A.M.A. revises its by-laws so it can act against "problem" doctors who escape county society censure.

LOOK FOR A NEW TEST CASE SOON on anti-birth-control laws. The Supreme Court threw out a suit to void Connecticut's law, saying it wasn't being enforced. Now Connecticut's Planned Parenthood League plans to open birth-control clinics. Its aim: to force an arrest and another court case.

IRONICALLY, A DOCTOR'S ELECTION MAY HELP get the President's health program for the aged enacted next year. The plan's strongest critic, House Ways and Means Chairman Wilbur Mills, is up for re-election in November. His opponent: Dr. Dale Alford of Little Rock, Ark.

WHAT GROWTH RATE can you expect from your common stock portfolio? A reasonable goal is 100% appreciation every seven years, says a leading investment adviser—provided purchases and sales are timely and you reinvest dividends. Thus \$5,000 could grow to \$80,000 in 28 years.



HOW DILODERM HELPS YOUR

PATIENT WITH LESIONS RESPONSIVE TO TOPICAL STEROIDS

lets him sleep-rapidly relieves itch and burning spares embarrassment-reduces inflammation quickly

accelerates healing buffered to approximate skin's acid mantle, helps restore normal pH

Saves money-"measured-dose" valve prevents waste,

available in variety of forms

- meets differing patient needs - Foam, Aerosol or Cream

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dichlorisone acetate

all forms also available with neomycin to combat infection

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For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, N. J.

\$755 200000T, 1941



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to relieve the symptoms of premenstrual tension

for MOOD-CHANGES...CYCLEX supplies the effective relief of meprobamate for nervousness, irritability, tension, nausea, malaise, insomnia

for GI DISTRESS...CYCLEX affords quickacting relief of nausea and bloating associated with premenstrual tension

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DOSAGE Usual adult dosage is one tablet once or twice a day, beginning on the first morning of symptoms and continuing until the onset of menses. CYCLEX may be continued through the menstrual period.

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Medical Economics

National business magazine for physicians, July 31, 1961

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In a jet-powered racer which he built himself, Dr. Nathan H. Ostich will try to better the world's land-speed record early next month

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With Carbrital (pentobarbital sodium and carbromal in Kapseals) and Elixir form), patients get to sleep ... and sleep throughout the night ...; awaken fresh and alert.

Your patients:

They're better doctors-because they were patients. 72

You can learn a lot, this survey shows, from being ill yourself. Here's how it can sharpen your understanding of patients' needs

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Last month, the A.M.A. took back its blanket denunciation of D.O.s and told state medical societies to set up their own standards for M.D.-D.O. relations. Here's what's likely to happen in your state

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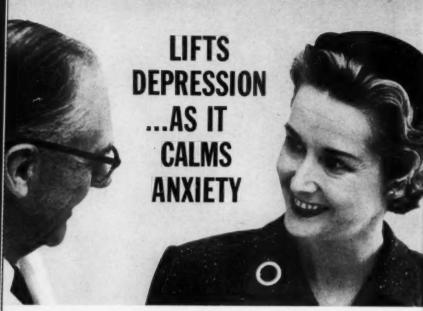
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Medical Economics, July 31, 1961



"I feel like my old self again!" Thanks to your balanced Deprol therapy, her depression has lifted and her mood has brightened up — while her anxiety and tension have been calmed down. She sleeps better, eats better, and normal drive and interest have replaced her emotional fatigue.

Brightens up the mood, brings down tension

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Acts rapidly—you see improvement in a few days.

Acts safely – does not cause liver toxicity, anemia, hypotension, psychotic reactions or changes in sexual function – frequently reported with other antidepressants.

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'Deprol'

CD-4456

WALLACE LABORATORIES / Cranbury, N.J.

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Yardsticks for you

Reprints of MEDICAL ECONOMICS' 1960-61 series of 15 articles on the finances of modern U.S. medical practice are now available in booklet form. The articles are packed with useful facts—drawn from a statistically valid survey—on physicians' earnings and expenses, income from health plans, collections, accounts receivable, income taxes, etc. To get your copy now, send \$2.00 to:

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the simple addition of ATARAX to your classic antiasthmatic therapy increases therapeutic success even in
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"Superiority of [MARAX] seems attributable to the inclusion in it of hydroxyzine in place of the conventional barbiturates." In a series of patients generally refractory to the usual antiasthmatics, and who required steroids in order to obtain temporary relief, 70% showed good to excellent symptomatic relief with MARAX. Patients "...slept more comfortably and breathed more easily. The characteristic asthma wheeze was either markedly reduced or entirely relieved."

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MARAX

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References: 1. Santos, I. M. H., and Unger, L.: Ann. Allergy 18:172 (Feb.) 1960. 2. Charlton, J. D.: Ann. Allergy, in press. 3. Shaftel, H. E.: Clin. Med. 7:1841 (Sapt.) 1960.



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July 31, 1961

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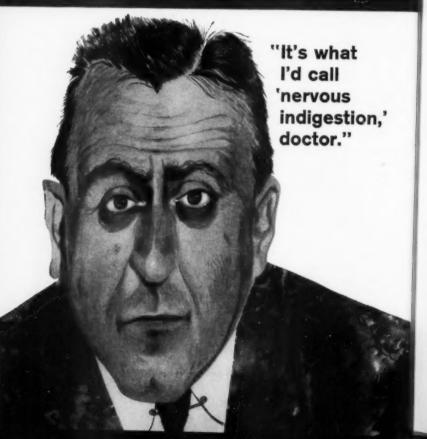
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AL SUBINE COMPANY INC. PICHNOLIC 20 V



Annis-at-large

What Social Security IS



By Edward R. Annis, M.D.

If any of our big drug or food manufacturers were to mislabel their products, we'd hear about it fast enough. They'd be haled into court under provisions of the Federal Food, Drug and Cosmetic Act.

If the public has this built-in protection against the distortion of facts in presenting products, why are there no such restrictions to hinder politicians in presenting *ideas* to the public? We're all familiar with the politicians who deliberately mislabel the ideas they're trying to sell the American people in return for votes.

I was exposed to this kind of fact-juggling in Washington last month when I attended the national Conference on Aging held in the Department of Health, Education, and Welfare. Shortly after the conference was called to order, Secretary Ribicoff hurried in, made a brief prepared address, and hurried out. He wasn't seen again—nor was he available for questioning—during the two days of the conference to which he had invited officials from all the states.

His brief talk? As he's done repeatedly in the past, Secretary Ribicoff mislabeled Social Security and after 4½ years of clinical experience with

Phenformin is most useful in maturity-onset, stable adult diabetics. The high percentage of cases in which it is clinically satisfactory, the ease and simplicity of its administration in ketosis-resistant cases of diabetes, and the maintenance of long-term response without secondary failure have been impressive.

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NOTE — before prescribing DBI the physician should be thoroughly familiar with general directions for its use, indications, dosage, possible side effects, precautions and contraindications, etc. Write for complete detailed literature.

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1. Pomeranze, J.: Clinical Med. 8:1155, June 1961.

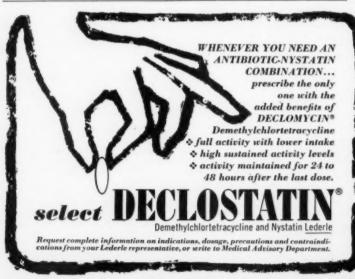
thus drew a false picture of its aims. I quote him in part:

"The Social Security system did not spring full-blown in 1935. Over the years it has been improved and expanded. . . . It is the basic insurance protection of our older people, and as such it will continue to develop as their circumstances change and as our understanding of their needs deepens. . . .

"First, the President has proposed increasing the minimum monthly insurance benefits from \$33 to \$43.

"Second, it is proposed that the widow's insurance benefit be increased from 75 per cent to 85 per cent of her husband's retirement benefit.

"A third proposed change is to liberalize eligibility for insurance benefits by changing requirements for work in covered employment from one out of three to one out of four quarters since 1950. This would help



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Medical Economics, July 31, 1961

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 Billow, B. W.; Cabodeville, A. M.; Stern, A.; Palm, A.; Robinson, M., and Paley, S. S.: Southwestern Med. 41: 286, 1960. 2. Clinical Reports to the Medical Department, Armour Pharmaceutical Company, 1960.

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and other disturbances of the digestive tract, cause and effect often become indistinguishable. Emotional tension will precipitate organic symptoms, while organic symptomatology aggravates anxiety and tension. New Librax now enables the physician to disrupt this vicious circle. Many patients can be satisfactorily maintained on Librax alone. At the same time, dietary control and other medications may and should be continued, if indicated.

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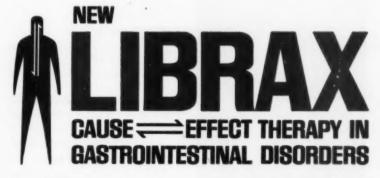
helps control the anxiety and tension so frequently associated with gastrointestinal disorders

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When impaction requires fecal softening, Fleet Oil Retention Enema permits easy, rapid administration... without inconvenience or messiness of old-style procedures. Insertion is made safe with pre-lubricated, anatomically correct 2-inch rectal tube.



... Annis-at-large

people who were old when their jobs were covered and had to retire before they could fully qualify.

"A fourth change would give retired men the option at age 62 to draw reduced *insurance* benefits in the same way the present law permits women to draw reduced benefits at age 62."

Those four proposals have since become law—which underlines the point I want to make: In each of the above statements, the italicized phrase is actually a misnomer. The Secretary was obviously trying to mislead for political reasons. The plain fact of the matter is that the Supreme Court has stated that "the Social Security system is a welfare program supported by taxation."

Why Ribicoff's emphasis on the word "insurance"? Obviously because it stands for security in the minds of the American people. The public realizes that there's a direct relationship between the amount they pay in conventional insurance premiums and the benefits to be received. They know that insur-

Medical Economics, July 31, 1961



patients Patients prefer are happier one to two pints of soapsimplicity when doctors

of administration and comfort of FLEET CHOOSE ENEMA as compared to old-style enemas. The ready-to-use squeeze bottle eliminates troublesome preparation and cleanup-while inser-

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tion is made easier and safer with the pre-lubricated, anatomically correct 2-inch rectal tube. Disposable feature insures a sanitary enema solution each time. And FLEET ENEMA works better with its 4 fl.oz. of precisely formulated solution than

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Tindal "a highly efficacious adjunct in cardiovascular patients..."

- helps the cardiac or hypertensive patient slow down his activities to the safer pace you recommend
- controls the agitation and tension that aggravate his condition.²
- calms the patient and helps him get to sleep more easily
- wide margin of safety relatively free of side effects
- provides significant economy compared to similar agents especially when long-term or adjunctive therapy is indicated

dosage: Total daily dosage may range from as low as 40 mg, lone 20 mg, twice daily) to as high as 80 mg, daily. Generally, the most effective dosage is 20 mg, t.i.d. In those patients who have difficulty sleeping, the last tablet should be taken one hour before retiring.

For complete details, consult latest Schering literature available from your Schering Representative or Medical Services Department, Schering Corporation, Bloomfield, New Jersey.

supply: TINDAL Tablets, 20 mg, bottles of 100 and 1000.

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when you have to say

ance benefits come as a result of dollars put to work with accumulated interest, under a legal contract between insurance company and insured. This is true insurance, it is actuarially and fiscally sound, and it contributes immeasurably to the financial soundness of the United States.

But what the public doesn't realize is that Social Security financing is not insurance. It's a taxing mechanism, pure and simple. The "premiums" extracted are not voluntary; they're compulsory. Benefits aren't stable; they're apt to go up or down whenever Congress wishes. And because there's no contract, benefits are qualified by conditions that most people



being taxed aren't even aware of.

Does the public know that during three of the last four years Social Security dispensed many millions more than it took in? Last year it added \$180,-000,000 to the fund's so-called reserves only because a ½ per cent increase in the tax brought in an extra billion dollars. Only by continuing to increase the tax every few years can the system continue to pay promised benefits.

And that brings me to the Administration's current proposal for medical care for the aged. What it really amounts to is an entirely new socialistic program to be financed by the Social Security tax mechanism, wherein a 1 per cent raise in the tax brings in two billion dollars. It is not insurance, and every time someone mislabels it as insurance, whether he be a member of Congress, a government official, or a misinformed citizen. we doctors should make a point of correcting this distortion of fact and call it by its true name: a welfare program supported by taxation.

for the special laxative needs of pregnancy

By softening the stool and gently increasing peristalsis, AGORAL safely overcomes the mechanical interference with normal evacuation.

Because AGORAL exerts no action on uterine musculature, it is safe to use during the entire pregnancy. And, patients find its pleasant marshmallow flavor highly acceptable even during long-term usage.



gentle laxative

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when your patient fail

If fatness is the problem, the skinfold test will tell ...

Studies emphasize that persons of "normal" body weight exhibit differences in their fatness and that body weight is an imperfect guide to body fat.2.4.5 Recently, the calibrated measurement of skinfolds has received increasing clinical attention as a method of measuring obesity - because of its simplicity, rapidity and accuracy.1,2

Measurement is made at selected sites with special constant tension calipers.3

Detailed information on the skinfold test is given in a special booklet, available to physicians on request.

the skinfold test

NEW BAMADEX SEQUELS contain the appetite-suppressant, d-amphetamine, effectively balanced with the tranquilizer, meprobamate, for sustained, effective appetite control without overstimulation of the central nervous system. One BAMADEX SEQUELS capsule suppresses appetite up to 8 hours . . . carries the patient through the critical period of compulsive eating ... helps establish a new pattern of eating less - the ultimate aim of therapy.

Each capsule contains: d-amphetamine sulfate, 15 mg.; meprobamate, 300 mg. Dosage: One capsule one-half hour before breakfast. Supply: Bottles of 30. Precautions: Use with caution in patients hypersensitive to sympathomimetic compounds, who have coronary er cardiovascular disease, or who are severely hypertensive.

REQUEST COMPLETE INFORMATION ON INDICATIONS, DOSAGE, PRECAUTIONS AND CONTRAINDICATIONS FROM YOUR LEDERLE REPRESENTATIVE OR WRITE TO MEDICAL ADVISORY DEPARTMENT,

References: 1. Best, W.R.: J. Lab. & Clin. Med. 43:967 (1954). 2. Brozek, J. and Keys, A.: Nutrition Abstr. & Rev. 20:247 (1950), 3. Garn, S.M. and Shamir, Z.: In Methods for Research in Human Growth. Charles C. Thomas, Springfield, III., 1958, p. 64. 4. Mayer, J.: Postgrad. Med. 25:469 (1959). 5. Tanner, J.M.: Proc. Nutrition Soc. 18:148 (1959).

(Lange Skinfold Caliper courtesy of Kentucky Research Foundation, University of Kentucky.)



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acute conjunctivitis before treatment

clinical photogra

truly soluble—for fast relief of inflammation

0.1% OPHTHALMIC SOLUTION

NeoDecadron®

DEXAMETHASONE 21-PHOSPHATE-HEOMYCIN SULFATE

INDICATIONS: Trauma — mechanical, chemical or thermal; inflammation of the conjunctiva, cornea, or uveal tract involving the anterior segment; allergy; blepharitis.

CAUTION: Steroid therapy should never be employed in the presence of tuberculosis or herpes simplex.

NeoDECADRON is also available as the ophthalmic ointment (.05%). Ointment and solution are available with dexamethasone 21-phosphate alone: DECADRON® Phosphate Ophthalmic Solution and DECADRON Phosphate Ophthalmic Ointment. unexcelled steroid activity in true solution for peak effectiveness
 maximal contact at the site of the lesion superior patient comfort—no irritating particles quickacting, broad antimicrobial activity.

Additional information is available to physicians on request. NeoDECADRON and DECADRON are trademarks of Merck & Co., INC.



MERCK SHARP & DOHME Division of Merck & Co., INC., West Point, Pa.

4 days after treatment



Professional briefs

Medical Economics, July 31, 1961

YOUR X-RAY EQUIPMENT IS PROBABLY UNSAFE, if conditions in New York City are an indication. Recent inspections by the city's Office of Radiation Control reveal only eight out of every 100 diagnostic X-ray units are free of defects, and most nonradiologists aren't even familiar with recommended maximum exposures.

WHICH SPECIALTIES can absorb more M.D.s? A new study by this magazine shows that the U.S. population could support about ten times as many allergists as are now practicing; about six times as many plastic surgeons; about twice as many cardiologists and gastroenterologists.

BEFORE YOU REFER A DELINQUENT ACCOUNT to a collection agency, consider the precollection service many agencies offer at reduced rates. It's simply a letter—on the agency's letterhead—warning that the account is about to go to collection agency channels. It's been known to clear up as many as one-half of a doctor's newly delinquent accounts.

WHY SOME MEDICAL-PRACTICE ACTS NEED CHANGING: New Jersey's board of medical examiners last year suspended the license of a doctor indicted for manslaughter. Fifteen of his patients had died of serum hepatitis allegedly caused

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OHME Point, Pa.

... Professional briefs

by unsanitary injections. Now a N.J. court has returned his license: Before it can be suspended a man must be convicted of a crime.

MELVIN BELLI HAS DONE IT AGAIN: He's won the biggest personal-damage award ever made in the U.S. In a suit against Cutter Laboratories over a child who allegedly caught polio from Cutter vaccine, a jury granted his clients \$675,000.

IF YOU GO ABROAD THIS SUMMER and make your arrangements through a travel agency, be sure you know what you're paying for. Although most agents claim there's no charge for services, the Wall Street Journal reports that many tack on up to 50% extra for booking transportation, hotel rooms, and other services abroad.

TOO MANY DRUGSTORES? There are now 54,126 of them in the U.S.—one for every three M.D.s in active private practice.

CHIROPRACTORS ARE SUING to have a new Colorado law declared unconstitutional. Sponsored by the state's M.D.'s, the law not only forbids chiropractors to treat cancer patients; it even requires a D.C. who suspects a patient has cancer to refer him at once to a physician.



Acne vulgaris before treatment

For treatment at home, the patient kept pHisoAc* on her face twenty-four hours a day. She applied it after washing thoroughly with pHisoHex* twice a day. Eleven office treatments consisted of mechanical removal of blackheads and application of carbon dioxide slush. No other therapy was given.



After fourteen weeks of therapy

After 14 weeks
of therapy—
a new face,
a new personality,
a new world
of fun
and laughter

For Acne new pHīsoAc® keratolytic Cream pHīsoHex®

New pHisoAc Cream supplies the keratolytic action essential to help clear acne. It dries and peels the skin. When used daily with pHisoHex washings, it unplugs follicles, helps prevent comedones, pustules and scarring. New pHisoAc Cream is fully acceptable to teen-agers. It is odorless, nongreasy and pleasant to use. Flesh-toned, it helps to hide acne lesions while they heal. pHisoAc Cream contains colloidal sulfur 6 per cent, resorcinol 1.5 per cent and hexachlorophene 0.3 per cent.

pHisoHex, antiseptic detergent with 3 per cent hexachlorophene, provides continuous antibacterial action when used frequently and exclusively. It not only helps to control the infection factor but also removes soil and oil better than soap because it is 40 per cent more surface-active. Use of pHisoHex enhances any other therapy for patients with acne.

New pHisoAc Cream and pHisoHex, when used together, provide basic complementary topical therapy—to clear acne quickly.

pHisoAc is available in 1½ oz. tubes; pHisoHex is available in 5 oz. and NEW 16 oz. plastic squeeze bottles. For complementary therapy, prescribe or recommend the new combination package containing pHisoAc Cream 1½ oz. and pHisoHex 5 oz.

Winthrop LABORATORIES
New York 18, N.Y.

in genitourinary infections Gantrisin

THE OUALITY OF GREATNESS

Reports in hundreds of leading journals and scores of standard textbooks reflect the position of Gantrisin as a drug of choice in genitourinary intections.

Consult literature and dosage information available on request, before prescribing

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IN THE MENOPAUSE.

Mellaril

provides highly effective tranquilization, relieves agitation, apprehension, anxiety

and "screens out" certain side effects of tranquilizers, making it virtually free of:



In the Menopause: A series of 150 menopausal patients were observed during Thioridazine (Mellaril) therapy for two years. Most patients had multiple complaints; the chief symptoms listed were: tension, insomnia, depression, fatigue and lethargy, irritability, chills, hot flashes and night sweats. The author states "The results were extremely good in those patients whose chief complaint was that of insomnia, tension, nervousness and, in general, the large group of menopausal symptoms that are due to disturbances of the psyche. The sense of 'well being' afforded these patients definitely decreased the intensity of 'hot flashes' and night sweats. . . . Eighty-five per cent of patients complaining of insomnia, nervousness and irritability received excellent relief."

Mellaril is indicated for varying degrees of agitation, apprehension, and anxiety in both ambulatory and hospitalized patients.

Usual starting dose: Non-psychotic patients — 10 or 25 mg. t.i.d.; Psychotic patients — 100 mg. t.i.d. Dosage must be individually adjusted until optimal response. Maximum recommended dosage: 800 mg. daily. Supply: Mellaril Tablets, 10 mg., 25 mg., 50 mg., 100 mg.

 Caldwell, W. G.: Emotional Disorders in the Menopause and Treatment with Thioridazine, presented at Bahamas Conference on Internal Medicine, Nassau, Bahamas, April 30-May 6, 1961.





when allergies separate a man from his work Florists may develop allergies to flowers, insecticides and Holland bulbs...housewives to dust and soap...farmers to pollens and molds. All types of allergies—occupational, seasonal or occasional reactions to foods and drugs—respond to Dimetane. With Dimetane most patients become symptom free and stay alert, and on the job, for Dimetane works...with a significantly lower incidence¹⁻⁶ of the annoying side effects usually associated with antihistaminic therapy.

Dimetane Extentabs

parabromdylamine [brompheniramine] maleate

reliably relieve the symptoms...seldom affect alertness

Supplied: DIMETANE Extentabs®-12 mg. • DIMETANE Tablets-4 mg. • DIMETANE ELIXIR -2 mg./5 cc.

Dosage: Extentabs: Adults—One Extentab q. 8-12 h. or twice daily. Children over 6—one Extentab q. 12 h. Tablets: Adults—One or two tablets three or four times daily. Children over 6—one tablet t.i.d. or q.i.d. Children 3-6—1/2 tablet t.i.d. Elixir: Adults—2-4 teaspoonfuls t.i.d. Children over 6—2 teaspoonfuls t.i.d. Children 3-6—1 teaspoonful t.i.d. Children under 3—0.5 cc. (0.2 mg.) per pound of body weight per 24 hours.

Side Effects: Dimetane is usually well tolerated. Occasional mild drowsiness may be encountered. If desired, this may be offset by small doses of methamphetamine. Until known that the patient does not become drowsy, he should be cautioned against engaging in mechanical operations which require alertness.

Contraindications: Sensitivity to antihistamines.

Also Available: Dimetane-Ten Injectable (10 mg./cc.) or Dimetane-100 Injectable (100 mg./cc.)

References: I. Lineback, M.: The Eye, Ear, Nose and Throat Monthly 39:342 (April) 1960. 2. Fuchs, A. M. and Maurer, M. L.: New York J. Med. 59:3060 (August 15) 1959. 3. Kreindler, L. et al.: Antibiotic Med. and Clin. Therapy 6:28 (January) 1959. 4. Schiller, I. W. and Lowell, F. C.: New England J. Med. 261:478 (September 3) 1959. 5. Edmonds, J. T.: The Laryngoscope 69:1213 (September) 1959. 6. Horstman, H. A.: Am. Pract. & Digest Treat. 10:36 (January) 1959.

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MAKING TODAY'S MEDICINES WITH INTEGRITY ... SEEKING TOMORROW'S WITH PERSISTENCE



quick, accurate early pregnancy diagnosis...



new, 3-day oral test for pregnancy

Pro-Duosterone®

anhydrohydroxyprogesterone 50,00 mg, ethinyl estradiol 0,03 mg.

safe . . . physiologic . . . therapeutic

Pregnancy is now diagnosed safely, simply and accurately in its earliest weeks by oral administration of four Pro-Duosterones tablets daily for three consecutive days. In the nonpregnant patient uterine bleeding usually occurs 3 to 7 days after progesterone therapy.¹ No bleeding occurs when pregnancy exists, and gestation is protected.² Moreover, in short-term functional amenorrhea regular cycles are usually restored by oral progestogen.¹ Speed and precision of this test are unsurpassed, and "no laboratory equipment, animals, or specimens are needed.¹¹¹ The 3-day, oral Pro-Duosterone test for pregnancy is also less costly than biologic methods. Diagnostic and therapeutic efficiency is assured by the small estrogen component of Pro-Duosterone since "Progesterone has no action whatsoever in the absence of estrogens.'¹³

Supplied: bottles of 24 tablets. Roussel Corporation, 155 E. 44th St., New York 17
1, Huydan, G.E.: Am. 1, Obs. & Gymc. 76:271, 1950. 2, New & Nonethical Drugs: J.A.M.A. 768:181, 1958. 3, Page, E.W.: 67 9:53, 1954.

Letters

Medical Economics, July 31, 1961

Social Security battle

SIRS: As you suggested in the editorial accompanying "Stand Up and Be Counted on Social Security!," a poll should be taken, but not by the A.M.A. Many self-employed physicians who favor Social Security have never joined the A.M.A.—or they've resigned, as I did, because of its undemocratic stand. Even those against Social Security must recognize that stand for what it is.

-George O. Sherwin, M.D. Seattle, Wash.

SIRS: Your proposed referendum on Social Security would confuse rather than clarify the situation. Here's an example of what can happen: A poll of physicians was taken here in Washington, and it's now being quoted by proponents of Social Security as showing that 60 per cent favor such coverage. No such thing. First of all, the question was misleadingly worded. Second, this so-called majority was rolled up in one county where a lot of the voters were employes of closed-panel plans, industrial companies, and government agencies, rather than physicians who are really selfemployed.

-William R. Halliday, M.D. Seattle, Wash.

SIRS: Your suggested referendum on Social Security shows that you lack the courage to defend the American system. Just because the majority might want Social Security doesn't make it right or the best thing for the country. Your article has helped to spread the decay that socialization—whatever its degree—causes.

-Edgar E. Struve, M.D. Fullerton, Calif.

SIRS: I agree with your editorial. A simple postcard poll of all A.M.A. members would settle this once and for all.

—D. E. Steward, M.D. Crookston, Minn.

SIRS: In all fairness, the physicians so vehemently in favor of Social Security should be required to state their ages in their letters to you and other publications. We're entitled to know whether or not these

Daricon

OXYPHENCYCLIMINE HYDROCHLORIDE

anticholinergic with staying power

*1 TABLET P.M.

usually assures nightlong freedom from pain by providing prolonged and sustained (8-12 hours') anticholinergic action that combats nocturnal increase in the basal gastric secretion of peptic ulcer patients

*1 TABLET A.M.

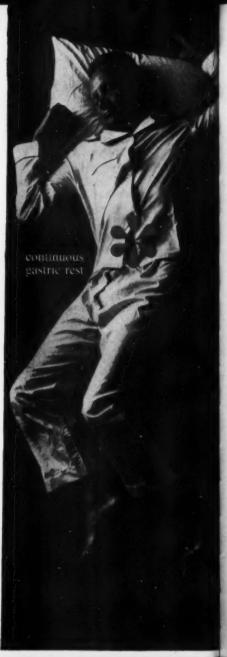
usually assures uninterrupted daytime control of gastric hypersecretion without dependence on the repeat doses required of shorter-acting anticholinergics

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IN BRIEF

DARICON is oxyphencyclimine hydrochloride, a long-acting, highly effective anticholinergic. DARICON provides 24-hour relief from the pain and discomfort associated with g.i. disturbances, usually on just b.i.d. dosage.

Indications: DARICON is valuable for the adjunctive management of peptic ulcers—duodenal, gastric and marginal types; functional bowel syndrome—irritable colon, spastic colon including mucous colitis; pylorospasm, cardiospasm; chronic, nonspecific ulcerative colitis; biliary tract disease, including cholecystitis and cholelithiasis; hiatus hernia accompanied by esophagitis or ulcer; gastritis, acute or hypertrophic; duodenitis; bladder spasm with or without cystitis; ureteral spasm, as with stones or pyelonephritis.

Side Effects and Precautions: Dryness of the mouth is the most common peripheral effect. Blurring of vision, constipation, and urinary hesitancy or retention occur infrequently. These effects may decrease or disappear as therapy continues, or can be minimized by adjustment of dosage. Care should be exercised in using DARICON in patients with prostatic hypertrophy, in whom urinary retention may occur. The use of DARICON as well as other anticholinergics in patients with an associated glaucoma is not recommended except with ophthalmological approval and supervision.

Administration and Dosage: The average adult dosage is 10 mg. of DARICON given twice daily—in the morning and at night before retiring. (Dosage should be adjusted in relation to therapeutic response.) As much as 50 mg. daily is acceptable to some adult patients. As little as 5 mg. daily is therapeutically effective in some adult patients.

Supplied: DARICON is supplied as a white, scored 10 mg. tablet.

More detailed professional information available on request,

Medical Economics, July 31, 1961

staunch advocates are going to be on the paying end or the receiving end.

—George D. Petersen, M.D. Appleton, Wis.

SIRS: I don't believe the A.M.A. or our state society has given fair and impartial consideration to the Social Security question. I'm opposed to Social Security as it now stands, but I'm just as vigorous in my feeling that the subject has been clouded by medical politics. Your article covers both sides fairly. Continue your excellent coverage and let the chips fall where they may!

-Robert A. Bruce, M.D. Dayton, Ohio

SIRS: Your article on Social Security showed pictures of six doctors. I was so struck by the apparent difference in age between the "pros" and "cons" that I looked up the birth dates of the doctors quoted. As I suspected, those favoring compulsory coverage are considerably older than those in opposition. The average age of the pros is 57; of the cons, 44. Obviously,

these older doctors want an inexpensive endowment policy paid for, in large part, by my generation (I'm 32) and those to follow.

—James W. Hanway, M.D. Katonah, N.Y.

SIRS: Good article. It's disturbing to see how many doctors want security at any price.

—E. G. Haskell Jr., M.D.

Tallahassee, Fla.

Referrals from non-M.D.s

Following "Status Report on Those Non-M.D. Doctors," one of your readers told how he accepted referrals from non-M.D.s. Here are a couple of referral rules I think physicians should follow in such cases: (1) No specialist should ever return a patient to a non-M.D. This admits the competence of the non-M.D.-categorically denied by the ethical medical profession. (2) No specialist should ever write a letter to a non-M.D. concerning a referral. The non-M.D.s proudly show off such letters to patients-they've even been

known to go as far as displaying them on their bulletin boards.

-C. E. Berryhill, M.D. Readlyn, Iowa

Doctors on strike

SIRS: Thank God I don't have to practice where there's as much animosity as is reflected in "Doctors on Strike: a Case Study." As far as I'm concerned, it would take all the satisfaction out of practicing medicine.

-Robert Painter, M.D. Grant, Mich.

SIRS: I played a small part in starting, then operating, a Hill-Burton hospital, so I'm familiar with the friction and misunderstandings that can cause trouble. Your article helped remind me what not to do. I hope it also reminded our administrator and our hospital staff.

-Ellen P. MacKenzie, M.D. Gretna, La.

Instructing patients

SIRS: I follow the same procedure that Dr. Read describes in "Patients Love His Written what TWISTON does for your allergy patient

WISTC takes him out of this class: zzzzzzzzz 2222222222222 ~~~~~~~~~~~~~~ puts him into this class: !!!!!!

TWISTON is "tailor-made" to keep your allergy patient alert. Twiston is unsurpassed for symptom control. Twiston is effective in unusually low dosage: has a prolonged duration of action-drowsiness rarely occurs. No toxicity reported.

MCNEIL McNeil Laborasories, Inc., Fort Washington, Pa.

- ...anti-allergie
- ... anti-side effects
- available as:
- Toblets
- TWISTON, 2mt.
- Tablots
- TWISTON R-A (Repeat Action Tablets), Amg.



the first complete physiologic regulator of female cyclic function

ENOVID

The basic action

ENOVID closely mimics the balanced progestational-estrogenic action of the corpus luteum. Enovip induces a physiologic state which simulates early pregnancy-except that there is no placenta or fetus. As in pregnancy, the production or release of pituitary gonadotropin is inhibited and ovulation is suspended: a pseudodecidual endometrium is induced and maintained. During Enovip therapy, certain symptoms typical of normal pregnancy may be noted in some patients, such as nausea-which is usually mild and disappears spontaneously within a few days-breast engorgement, some degree of fluid retention, and often a marked sense of well-being. There is no androgenicity. Enovid is as safe as the normal state of pregnancy.

The basic applications

1. Correction of menstrual dysfunction. Cyclic therapy with ENOVID controls dysfunctional uterine bleeding and often establishes a normal menstrual cycle in amenorrhea.

2. Ovulation suppression (to suspend fertility). For this purpose ENOVID is administered cyclically, be-

ginning on day 5 through day 24 (20 daily doses). The ovary remains in a state of physiologic rest and there is no impairment of subsequent fertility.

3. Postponement of the menses for reasons of health (impending surgery, during treatment of Bartholin's gland cysts, acute urethritis, rectal abscess, vaginitis), travel, forthcoming marriage, or pressing business or professional engagements.

4. Threatened abortion. Continuous Enovide treatment provides balanced support for the endometrium in threatened or habitual abortion.

5. Endocrine infertility. Enovid has been used successfully in cyclic therapy of endocrine infertility, promoting subsequent pregnancy through a probable "rebound" phenomenon.

6. Endometriosis. Continuous therapy with Enovide corrects endometriosis by producing a pseudodecidual reaction with subsequent absorption of aberrant endometrial tissue.

The basic dosage

Basic dosage of ENOVID is 5 mg. daily in cyclic therapy, beginning on day 5 through day 24 (20 daily doses). Higher doses may be used with complete safety to prevent or control occasional "spotting" during ENOVID therapy, or for rapid effect in emergency treatment of dysfunctional bleeding and threatened abortion. ENOVID is available in tablets of 5 mg. and 10 mg. Literature and references, covering over five years of intensive clinical study, available on request.

.unfettered

From the beginning, woman has been a vassal to the temporal demands—and frequently the aberrations—of the cyclic mechanism of her reproductive system. Now, to a degree heretofore unknown, she is permitted normalization, enhancement, or suspension of cyclic function and procreative potential. This new physiologic control is symbolized in an illustration borrowed from ancient Greek mythology—Andromeda freed from her chains.

Instructions." I also ask patients to read the entire sheet aloud and ask any questions they want. Even so, 15 per cent of them phone within forty-eight hours to say they don't understand something.

-Thomas L. Magee, M.D. Monterey, Calif.

Padded bills

SIRS: My patients have never been as gross as those described

in "How I Answer Requests for Padded Bills." Occasionally, a few patients show up at tax time and ask for a copy of last year's statement, saying they've lost their own and remembering the total as higher than it actually was. I handle such situations by pointedly referring to my own records as I add up the total. I've never had to go a step further.

—Jay B. Berlowe, M.D. Brooklyn, N.Y.



SKIN DISORDERS RESPONSIVE TO TRIAMCINOLONE

"Triamcinolone has been shown to have more profound anti-inflammatory and antiallergic properties than preceding corticosteroids." **

Supply: Scored tablets of 1 mg., 2 mg. and 4 mg. Syrup in 120 cc. bottles, each 5 cc. teaspoonful containing 5.1 mg. triamcinolone diacetate providing 4 mg. triamcinolone.

*Edelstein, A. J.: Pennsylvania M. J. 62:1831 (Dec.) 1959.

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SQUIBB iquibb Quality—the Priceless Ingredient

Pemphigus vulgaris

reducing the problems of reducing

Preludin Yathah and

an oxazine... not an amphetemine

Unsurpassed Effectiveness
In all controlled clinical studies, Preludin has
produced impressively greater weight loss
than placebo tablets regardless of the de-gree of enforcement of dietary restriction.
Exceptionally High Tolerance
Reports are numerous of successful use of
Preludin in cases intolerant of other ancrex-

Available as accord tablets of 25 mg. for b.i.d. or t.i.d. administration and also as Endurate⁶, 75 mg., for once daily administra-



WHAT'S NEW AND SPECIFIC FOR INTERMITTENT CLAUDICATION

INCREASES AND MAINTAINS BLOOD FLOW FOR 10-12 HOURS

STRIKING RELIEF OF PAIN Roniacol Timespan eases the pain and markedly increases activity range in intermittent claudication. Action: specific dilation of peripheral vessels. Result: Roniacol increases blood flow to ischemic extremities. 2-4 Improved circulation also helps reduce the danger of gangrene5-7—a common complication of obliterative vascular disease.

MORNING DOSE EFFECTIVE ALL DAY New, sustained-release Roniacol Timespan brings convenience and continuity in the treatment of intermittent claudication—precludes forgotten midday doses, and permits daylong or nightlong symptomatic relief with one dose in the morning, another at night.

NEGLIGIBLE SIDE EFFECTS Unlike sympathetic blocking agents, Roniacol is selective—produces no cardiac stimulation, no hypotension, no gastrointestinal stimulation^{8,9}—may be used safely in the presence of gastritis, peptic ulcer or coronary disease. Of 264 patients on Roniacol Timespan, only thirteen experienced side effects—none of them major.¹

RONIACOL TIMESPAN tablets are recommended for convenience of therapy in conditions associated with deficient circulation; e.g., peripheral vascular disease, including generalized arteriosclerosis, cerebral arteriosclerosis, varicose ulcers, decubital ulcers, chilblains, diabetic endarteritis, Meniere's syndrome and vertigo due to impaired cerebral circulation.

DOSAGE: One or two Roniacol Timespan tablets in the morning and at night.

SUPPLY: Tablets of 150 mg, in bottles of 50. When prolonged effects are not desired, prescribe Roniacol Tartrate tablets, 50 mg, or Roniacol Elixir, 50 mg per teaspoonful (5 cc).

REFERENCES: 1. Reports on File, Roche Laboratories. 2. E. C. Texter, et al., Am. J. M. Sc., 224:408, 1952. 3. M. M. Fisher and H. E. Tebrock, New York J. Med., 53:65, 1953. 4. I. H. Richtser, et al., New York J. Med., 51:1303, 1951. 5. S. S. Samuels and E. D. Padernacht, Angielogy, 1:236, 1950. 6. G. Kagan, Lancet, 2:53, 1959. 7. S. S. Samuels, Angielogy, 1:46, 1950. 8. C. M. Castro and L. De Soldati, Angielogy, 4:165, 1953. 9. R. M. N. Crosby, Am. J. M. Sc., 225:61, 1953. 10. J. Dosdos and G. E. Arnold, Eye Ear Nose & Threat Month, 38:1035, 1959.

Roniacol®-brand of nicotinyl alcohol. Timespan®

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RONIACOL TIMESPAN SAFE SPECIFIC PERIPHERAL VASCOLLATOR IN THE NEW SUSTAINED-RELEASE FORM



...and other painful or disabling musculoskeletal conditions often respond rapidly to the "antidoloritic"* effects of Decagesic Decagesic helps restore normal function by relieving pain and discomfort, by its anti-inflammatory effect, and by imparting a sense of well-being. Decagesic combines the benefits of Decadeone (dexamethasone) and aspirin with aluminum hydroxide to provide increased effectiveness and to reduce the possibility of side effects.

<u>Indications</u>: Acute painful inflammatory musculoskeletal disorders, mild to moderate rheumatic and arthritic conditions, other collagen disorders and conditions in which the conjunctive administration of a corticosteroid and salicylate can be beneficial.

<u>Dosage</u>: 1 or 2 tablets 3 or 4 times daily. The usual precautions of corticosteroid therapy should be observed. Additional information on DECAGESIC is available to physicians on request. <u>Supplied</u>: Bottles of 100. Each tablet contains 0.25 mg. of DECADBON (dexamethasone), 500 mg. of aspirin and 75 mg. of aluminum hydroxide (present as the dried gel). DECAGESIC and DECADBON are trademarks of Merck & Co., Inc.

"'Antidoloritic" describes the relief of pain associated with inflammation—<u>dolor</u> = pain, <u>ttic</u> = associated with inflammation.



CONSERVATIVE MANAGEMENT FOR PROMPT SUPPRESSION OF INFLAMMATION AND FOR RELIEF OF ASSOCIATED PAIN

MERCK SHARP & DOHME Division of Merck & Co., Inc. West Point, Pa.



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For uniform pressure...B-D ACE Rubber Elastic Bandage provides halanced weave - an ideal ratio of cross to lengthwise threads. Only halanced weave insures continuous uniform support...firmness under tension...freedom from bunching. And only ACE has balanced weave.

BECTON, DICKINSON AND COMPANY **RUTHERFORD, NEW JERSEY**

*Be sure you get the elastic bandage you order, ACE is made ealy by B.D.

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C2168

Doctor, see BURDICK for electromedical equipment that works almost as hard as you do!



The EK-III CONSOLE ELECTROCARDI-OGRAPH is a highly mobile unit combining the best in ECG instrumentation with convapience. The FM-1 PHOTOMOTOGRAPH affords a greatly simplified method of recording the Achilles tendon reflex as a test for thyroid dysfunction. Using a standard ECG, it is a simple procedure to measure the PMG and calculate the duration of the reflex.



The MW-1 MICROWAVE DIATHERMY can produce temperature increases up to 7.81° F, at a depth of 5 cms. (2"). Floating arm permits fast, easy positioning of treatment directors. Compact and mobile, the MW-1 is perfect for the busy office.



The UT-400 PULSED ULTRASOUND UNIT produces both pulsed and continuous energy. Radiating area is 6 square centimeters. Compact, the UT-400 weighs only 25 pounds complete.

In addition to the equipment illustrated and described here, Burdick offers a complete line of muscle stimulators, short wave diathermy units, infrared and ultraviolet lamps, cardiac monitors and electrosurgical apparatus, cardioscope, pacemaker, and defibrillators.



THE BURDICK CORPORATION

Milton, Wisconsin

Dealers in all principal cities

Medical Economics

July 31, 1961

Are you making full use of your stockbroker's services?

By John Kirk

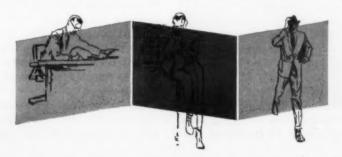
"Would you stand at a movie if fifty seats were empty and waiting?" a doctor-friend asked me recently. "That's what I used to do—figuratively—when I began to deal with a stockbroker."

My friend, whom I'll call Dr. Rien, had spent good money in commissions when he bought stocks during his first eight months in the market. But he'd failed to make use of all the services his broker had to offer—including research, evaluating portfolios, and paper work. The

doctor "stood up" when he could have had "front row center" treatment.

Why hadn't he taken advantage of these services? "I was too hell-bent on making a killing," Dr. Rien said. "The first time my broker tried to give me some advice, I made it plain I wasn't interested. He never bothered me after that."

Dr. Rien eventually learned his lesson. Here's how he discovered—the hard way—that his broker was willing to do much



more for him than merely accept commission checks:

When he began investing, he listened to two patients who claimed they had "inside" information. After following their hot tips for three months, he had \$7,000 invested in small electronic firms, cyclical corporations, and Florida real estate developments. One of these patients guaranteed him that "they'll soon be soaring."

During the next few months, the doctor watched his stocks slowly drop. One of his amateur advisers unged him to buy more of them since prices were low. So in the sixth month of his investment career, he poured another \$3,000 into them.

At the end of the eighth month the doctor suddenly realized that his \$10,000 portfolio was worth only \$5,500. Phoning his broker, he complained that he'd hoped for something more than mere tax losses from his investments. The disenchanted doctor wanted to unload and quit Wall Street forever.

The broker replied by inviting the doctor to drop by for a chat about his investment aims —and an appraisal of his portfolio in light of those aims. After a lengthy discussion with the broker about his financial condition and his plans for the future, Dr. Rien decided his investment goal was growth—for retirement years. The next day he gave his portfolio to the broker for a comprehensive examination. The diagnosis: His securities were not growth stocks. The broker advised him to sell, and he did.

During the next month, with his broker's professional advice -based on research, not tipsthe doctor acquired a \$10,000 growth portfolio including thirty shares of Bell & Howell, twenty-five of Bristol-Myers. thirty of International Nickel. thirty of Radio Corporation of America, twenty-five of Dow Chemical, and fifteen of Scott Paper. It had cost him \$143 in commissions to unload his unproductive portfolio at a big loss. It now cost him another \$136 to buy his new growth securities.

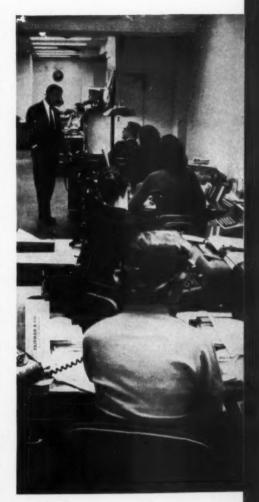
Did he begrudge the broker this money? He did at the time, but now he sees it as cash well spent. His reason: "I'm making my broker earn his commission."

Are you getting your money's worth from your broker? Or are you trying-as Dr. Rien did at first-to go it alone in the field of finance? Here's an easy way to tell: See how many of the following free services you're using. With one exception, they're yours for the asking, whether you're a customer or not.

1. A broker will help you choose a financial goal and steer your portfolio toward that goal. This is the biggest service offered by the brokerage fraternity, as Dr. Rien's story illustrates so well.

2. A broker will do your research. If you decided to probe into a company on your own before investing, you'd have to hold discussions with top management, analyze financial reports and balance sheets, and

Your broker will give you facts, figures, and opinions on firms and industries. Here researchers at Kidder, Peabody discuss an upcoming oil industry study.



Medical Economics, July 31, 1961

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er ie, ell visit the company's plants. That's obviously out of the question for a doctor. But it's the brokerage firm's job to do this research for you. The results of its research department's studies are available to you free.

Your broker will supply you with details on entire industries, on individual companies, or both. You'll get the latest word on competition, production, and mergers. You'll also be able to single out the industry leaders from sales and earnings figures. And you'll be told just what's expected of each in the months ahead.

3. A broker will review your portfolio periodically and keep you well informed between interviews. Your broker will supply you with names of selected stocks he thinks you should buy, sell, or hold. You'll also get follow-up reports on stocks and their market performances,

Helpful pamphlets abound on Wall Street, and most are free. You can get from your broker studies of industries, individual stocks, or investment methods. business trends, and appraisals of the national economy. Here are examples of the kind of helpful investment literature that many brokerage houses publish:

¶ "West Coast Investment Issues." This pamphlet is based on the belief that, by 1970, California will outrank New York in population. It focuses attention on the growth potential of twenty-one companies having a stake in important segments of West Coast economy. Reynolds & Co. publishes it.

¶ "Tax-free Exchanges." This booklet guides you through the



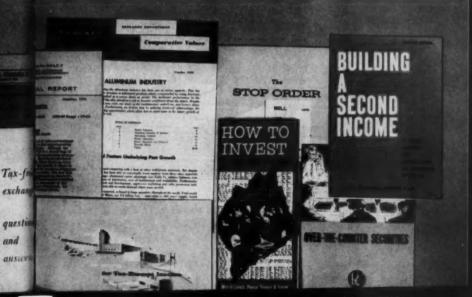
details of trading your bigprofit stocks for shares in certain mutual funds without paying a capital-gains tax on past profits at the time of exchange. The author uses a question-andanswer technique to explain the stock-swap plan. Eastman Dillon, Union Securities & Co. publishes this booklet.

¶ "The Aluminum Industry."
This report explains why the industry profited in the past and tells which companies may profit most in the future. Bache & Co. publishes it.

"The Gutman Letter." The

author, Walter Gutman, is a security analyst with years of experience and a mind of his own. Stearns & Co. publishes this one. Other highly respected marketletter writers are Herbert Bracey of Lehman Bros., who specializes in depth studies of individual companies; Gene Peroni of Hill, Darlington & Grimm, who devotes his attention to the world of science; and John F. Bohmfalk Jr. of McDonnell & Co., who concentrates on growth stocks.

¶ Bulletins on over-the-counter securities. Several broker-



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age houses issue periodicals to help their customers through the jungle of stocks on the unlisted-securities market. Among them: Merrill Lynch, Pierce, Fenner & Smith, Inc., Reynolds & Co., and Bache & Co.

In addition to sending out literature that keeps you informed on specific stocks and



"O.K. . . . So he wrote an oath and a couple of good papers. In private practice, he'd fall flat on his face."

current trends, your brokerage firm can make you a better investor in still another way:

4. A broker will give you a broad investment education. Many firms offer lively booklets explaining the basic concepts of investing. Shearson, Hammill & Co., for example, will send you a brochure introducing you to the municipal bond field. You can also get booklets from other brokers telling you how to read corporate financial reports, explaining put-and-call stock options, and defining the idioms of Wall Street.

Many brokerage houses conduct classes on investing, usually in the evening. Some include motion pictures followed by question-and-answer sessions. There's no admission fee. Watch the financial pages for announcements, or ask your broker.

5. A broker will serve as your investment secretary when you deal with him regularly. He'll handle all your paper work when your holdings are "in street name." This means you leave your securities in his firm's name instead of yours.

Your corporations will mail him all dividend checks. They'll dump proxy statements, tenders, subscription rights, and exchanges in his lap. You make the final decisions, based on his advice, but he does the work. Under this arrangement, you get a monthly statement detailing your transactions—purchases, sales, commissions paid, and dividends credited to you.

When your holdings are "in street name," your broker also saves you the trouble of traveling to the safe-deposit box to pick up or deposit your securities. While your stocks are in his firm's vault, they're fully insured against loss. You save time; you also get a free safe-deposit box for your securities.

Now that we've covered the details of your broker's services, let's consider three questions that may be running through your mind: How accurate are brokers' predictions? Are brokers biased? How do you pick a good one?

► Prediction accuracy. Brokers and their research staffs have the edge on you in the "what's ahead" department. It's

understandable: Their lives revolve around Wall Street. But remember, it's only an edge. Brokers can make mistakes. A stock earmarked for a price rise can drop instead. And some brokerage houses tend to tell customers what they want to hear. Said Business Week magazine earlier this year: "It's a rare house that will ignore a popular industry—even when its own analysts are bearish on industry prospects."

- ► Broker bias. Brokers earn a commission only when you buy or sell. So they're naturally biased in favor of portfolio changes. But this doesn't disqualify a broker—if you recognize his bias and resist it. A related matter: Your broker may recommend certain securities because his firm owns shares in them. So you'd better ask him whether his firm has a position in any stock.
- ► Picking a broker. Mutual fund salesmen, investment counselors, and advisory services have axes to grind. Your best bet is the opinion of serious investor-friends who count heavily on their brokers' advice

and honesty. Just be certain that your friends share the same investment aims you do. Otherwise their brokers may not be the right ones for you.

Remember that brokerage houses have individual "personalities." Some firms, such as Bache & Co., are "department stores" where you can buyand be advised on-anything from foreign securities to stocks on regional markets. Others-Smith, Barney & Co., for example-concentrate on the bigger investor. And still others, such as Merrill Lynch, go all out for the little guy. The best type of brokerage firm for you is apt to be the one that concentrates on the kinds of investments you prefer.

Within reason, you should be able to get all—or most—of the services outlined in this article from your broker—if you ask. Of course, your final market decisions will always be your own, but at least you'll be making them with expert guidance. You'll also be getting your money's worth out of your broker's commission—a "front row center" seat at no extra cost.

This may tighten control of drugs in hospitals

Here's something new and possibly useful for your hospital: a completely "automated" system of drug control. Called the "Brewer System" because it was developed by the Brewer Pharmacal Engineering Corporation, it makes drugs available for your hospital patients even after the pharmacy is closed, and it keeps strict tab on drug inventory and drug charges.

Here are the three basic units of equipment that would be needed to set the system up in your hospital:

1. The medication box, a small cardboard box that the hospital pharmacist fills with an average three-day supply of tablets, capsules, or ampules.

2. The drug station, a locked electronic dispenser of filled medication boxes located at the nursing station. Stocked by the pharmacist, it delivers a box each time the medication nurse inserts (a) a "drug charge



Drugs are instantly available from this electronic station. Here, a nurse selects the proper drug plate to insert into the dispenser.

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plate" keyed to the drug desired, (b) the patient's identifying charge plate, and (c) the nurse's own identifying plate. As the medication is dispensed, the transaction is recorded automatically on a charge slip and register tape.

3. The drug cart, a locked portable repository of medica-



The drug cart carries a charge plate for each patient, as well as his medication. This helps keep tab on his drug charges.

tion boxes used to distribute doses on medication rounds. The boxes are stored in small drawers, each labeled with the proper patient's name and containing his charge plate. Between rounds, the cart is kept at the nursing station.

The system is backed by controls at the points where drugs change hands. Three independent locks at the drug station and two on the drug cart insure security. The pharmacist holds the master key to the stock shelves of the drug station: the rest of the keys are kept at the nursing station. Other safeguards at the drug station are a red warning light that goes on when the charge plate panel is unlocked and an alarm that sounds when more than one plate at a time is removed.

Developers of the Brewer System say it can save a hospital money and manpower, freeing nurses for better patient-care. A further advantage is that electronic recording of each drug transaction makes accounting easier and reduces the chances of slip-ups in dispensing medications.

Is package auto insurance for you?

If you want all the coverages the plan provides, you'll find it's cheaper and more versatile than standard policies

By Bion H. Francis

A doctor-friend and his wife dropped by the other evening for some bridge. We'd played only a few hands when the doctor asked me about a new kind of "package" automobile insurance he'd read about. "Is it just a promotional gimmick, or will it really save us money?" he wanted to know.

"It's not just a gimmick," I answered. "It may save you up to 15 per cent on your insurance bill. But if you're not careful, you may end up buying coverage you don't really want."

Though these package plans are fairly new, they've spread with amazing speed. Already approved by thirty-five states and the District of Columbia (see map, page 67), they'll probably be extended to other states within the next year or so.

What's different about the package plans? With standard policies, you have to decide what different kinds of liability coverage you want, and then pay different amounts for each. With a package plan, you simply decide the total liability coverage you want, and the insurance company works out a combination of coverages based on that amount. To illustrate:

Suppose you decide you'd like "single-limit" liability coverage

THE AUTHOR is an independent insurance consultant in the New England area.

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of \$200,000. This means you'd be covered up to that amount for all injuries or property damage caused in a single auto accident, regardless of whether one person or half a dozen were injured. In addition, the insurance company would throw into the package various amounts of other coverages based on that key \$200,000 figure. You'd get \$4,000 in medical expense coverage: \$1,000 for accidental death to you or your wife: \$10 .-000 to \$20,000 protection against bodily injury caused by uninsured drivers: * \$25 for towing charges; transportation charges of \$300 if your car is stolen: and up to \$200 for loss of personal items due to fire or theft.

With a standard auto policy, your insurance costs proportionately more, but you get precisely what you want.

Will a package also give you what you want? Let's take a closer look:

1. Package policies provide a single limit-of-liability coverage for all bodily injury and property damage combined. Under standard insurance plans, the same things are covered by three different limits of protec-

Better auto insurance for less money

You get broader liability coverage with the new package auto insurance plans. They cover you up to a specified limit (\$200,000 in the example opposite) whether one person or several are injured in the same accident-or whether property damage alone results. This isn't true with conventional auto insurance. A comparable policy would set lower limits (\$50,000 in the example opposite) for one person's injuries and for property damage. Other coverages shown for the package plan are provided automatically in amounts determined by the amount of liability coverage you specify. Assuming you want all these coverages, you can save 10 per cent or more by buying the package.

[•] This protection varies because many states have funds to protect motorists against uninsured drivers. For example, you may be covered for \$10,000 in a state that has uninsured-driver protection, but for as much as \$20,000 in a state that doesn't.

tion. For example, suppose you buy \$50,000/\$200,000 bodily injury coverage under a nonpackage policy. This means you'd be covered up to \$50,000 for injuries to any one person and up to \$200,000 for all persons in-

jured in the same accident. If you decided on \$10,000 coverage for property damage liability, that would give you still a third limit of protection.

But with a package policy of \$200,000, the insurance com-

and/or \$200,000 Medical expenses 4,000 Medical expenses 4,000 Medical expenses 20,000 Medical expenses 4,000 Medical expenses 4,000 Medical expenses 1,000 Medical expenses 20,000 Medical expenses 4,000 Medical expenses 1,000 Medi
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Figures above apply to a 1960 medium-priced car operated in Chicago for business purposes and not driven by a male under 25. Source: Insurance Information Institute.

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pany pays up to this amount for all liability claims combined arising out of any one accident. For example, one injured person can collect the total limit of your coverage. Or, if necessary, the full \$200,000 can be applied to property damage alone. Alternatively, the full \$200,000 can be parceled out to cover any combination of liability claims. This can't be done under standard policies.

I know one Michigan M.D. who profited from this single-limit provision not long ago. Driving back to his office from a house call, he pulled out onto a busy highway. The woman driver of an approaching car swerved behind the doctor's car to avoid a collision, and her auto went over an embankment. It was wrecked, and the woman's 4-year-old son was seriously injured. She started suit against the doctor for \$300,000.

A few months earlier, the doctor had bought a single-limit package policy providing \$200,-000 coverage. A jury finally awarded the woman a total of \$125,000 for bodily injury to her child. That sum was paid by

the doctor's package policy. Under his previous nonpackage policy of \$50,000/\$200,000, he'd have been faced with a loss of \$75,000, not covered by his insurance. "The single-limit plan certainly saved me," the doctor later told me. "I might have been faced with bankruptcy if I hadn't taken out that package plan when I did."

2. Package policies include coverage for medical expenses. How much coverage depends on the total amount of liability you ask for. For example, a \$25,000 single-limit plan gives you \$1,000 in medical expense coverage. A \$300,000 single-limit plan gives you \$5,000 worth of medical coverage. What's more, medical expenses can be collected by injured passengers without your admitting liability for an accident.

The real value of medical expense coverage is debatable. Other people's medical expenses for which you're legally liable are covered by your regular liability insurance anyhow. And you probably have other forms of insurance to cover medical expense for yourself and your

family. But since the medical coverage in auto insurance is relatively inexpensive, it's probably worth having in a package policy. Under a nonpackage plan, it's doubtful if you'd want to buy the same medical coverage separately; you'd be better off buying higher bodily injury liability coverage with the extra money.

3. Package policies provide

Where you can buy package auto insurance

Package auto insurance is available through both stock and mutual insurance companies belonging to either the National Bureau of Casualty Underwriters or the National Automobile Underwriters Association. It has been approved in the states shaded in the map below.



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a S protection against uninsured drivers. Usually, it's futile to try to collect from an uninsured motorist. Although some state laws give you limited protection against such drivers, package policies cover you in all states—for \$10,000 to \$20,000, depending on where you live.

I know a Louisiana doctor whose wife was seriously injured when an uninsured motorist in an old pickup truck pulled out in front of her while passing another car. "I could have sued," the doctor says.
"But I'd never have collected.
The man had no assets to speak
of and earned only a few dollars
a week." Under a package policy, the doctor would have collected up to \$20,000 for damages.

4. Package policies include an accidental-death clause. If you or your wife were killed in an accident, the survivor would receive \$1,000 in death benefits—enough to pay for burial expenses. If both were killed,



"Wish I could get a couple of new tubes as easily as that!"

death benefits would amount to \$2,000.

5. Package policies pay towing charges. If your car conks out on the road, you can collect \$25 for having it towed in for repairs. You may consider this coverage of doubtful value, especially in view of the extra charges it adds to the over-all package plan.

6. Package policies pay for substitute transportation if your car is stolen. The insurance company will foot the bill for a rented car at the rate of \$10 a day, up to \$300.

7. Package policies cover you for loss of personal possessions if your car is stolen. You can collect up to \$200 for loss of clothes and luggage caused by fire, theft, or certain other hazards. The theft coverage applies only if the car itself is stolen.

That—plus comprehensive coverage against fire, theft, hail, windstorm, and glass breakage—is what you automatically get as part of your package. If you want collision coverage, you can get it. But you pay extra for this coverage.

How much lower are pack-

age-plan rates? They generally run from 10 to 15 per cent lower than for roughly comparable coverage in nonpackage policies. How much you save depends on the going rates for auto insurance in your locality. As an example, the table on page 65 shows what you'd save on a package plan if you lived in Chicago.

Will package auto insurance save you money? The answer is yes—if you want all the coverages it provides. Here's one way to make up your mind:

First, decide on the coverages you want. Get the total premium for each under a standard, nonpackage policy.

Then find out the premium for a package plan that would include all the coverages you want. Such a plan will include extra coverages besides.

Now, if you really want these extras, you'll save money by buying the package insurance. But what's more important, you get better, more flexible liability coverage. And it'll only take one accident in which you're at fault for the broader coverage to prove its worth!

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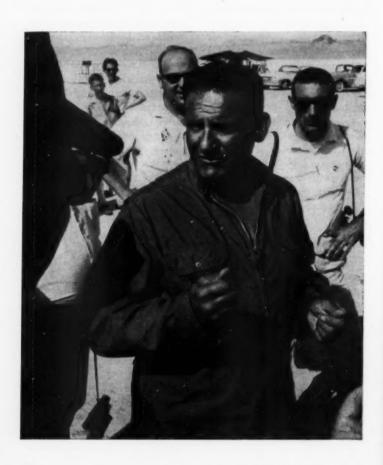
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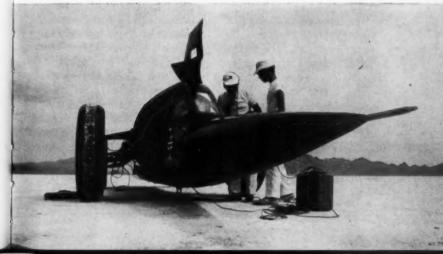
This M.D. is going places



—fast!

"The fastest man on wheels." That's what Dr. Nathan H. Ostich (left) hopes to be. He may get his wish early next month when he'll try to better the world's land-speed record of 406.6 miles per hour at Bonneville Salt Flats, Utah. The Los Angeles G.P. (in cockpit, right) drives a jet-powered behemoth believed capable of 500 mph. So far, the Flying Caduceus (below) hasn't approached that speed. It hit 350 twice last year—but both times mechanical troubles developed.





They're better doctors because they were patients

You can learn a lot, this survey shows, from being ill yourself. Here's how it can sharpen your understanding of patients' needs

By Garrett Oppenheim

Have you ever switched roles and played patient instead of doctor? If so, I'll give three to one the experience taught you a lot that's been helpful to your practice.

The odds I offer are based on what 138 doctors around the country recently told MEDICAL ECONOMICS about their own illnesses. Some, it's true, feel that being sick taught them nothing new. But more than 75 per cent find the ordeal has sharpened them professionally. Many declare that it's been a real eyeopener.

How does it feel to be in the prtient's shoes (or sheets)? The first-hand observations of

the surveyed doctors may benefit you in *your* practice. Here's what they discovered:

1. You learn to meet the patient's needs more promptly—and more frequently. An ophthalmologist in Indiana was impressed by the way an ENT man treated him for sinusitis: "I was shown into his office as soon as I arrived. Then and there I learned how much it means to a patient to have his needs met pronto. In my office now, patients in pain are seen first."

A Missouri G.P. learned the same lesson a different way when, as a patient, he called on a colleague. "I was mad when he arrived late at his office for the appointment. I realized that my patients must dislike waiting as much as I do."

A Chicago doctor now sees his bed-bound patients more often since radiculoneuritis hospitalized him for three months. Here's how he sums up the feelings of many physician-patients on continuity of care: "My doctor's daily visit was as welcome and as necessary as the rising of the sun—even when he didn't do anything specific for me. I've since learned to give a little more of my time to hospital rounds."

2. You learn to establish better two-way communication with the patient. "My doctor was a man of few words," recalls an internist who was hospitalized with atypical pneumonia. "I could hardly get him

A disabling illness can be an asset to the M.D. in meeting the needs of the sick, says Dr. Thomas Rardin. This active G.P. (see page 75) learned to give patients optimism and understanding.



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to tell me when I might go home. As for the residents, they'd talk to me about anything—except my illness. So in my own practice, my rule now is: Tell the patient what he has and how he's doing—and in language he can understand. It can make the difference between a pleasant and an anxious hospital experience."

3. You learn to pay more attention to minor complaints. An Ohio G.P. comments: "It's amazing how few doctors recog-

Which one's the M.D.?

Being a patient taught one surveyed doctor never to underestimate the diagnostic power of a woman. Says this Illinois internist: "I consulted a colleague because of malaise, fever, and blisters on the fore-head. He told me I had the flu, and to go home and relax. But when I got home, my wife took one look at me and said: 'Lift up your shirt.' I did. 'You have chicken pox!' And I did."

nize the importance of minutiae in the management of sick people. I'm talking about those seemingly insignificant little annoyances and fears that nag at all patients, including doctorpatients."

Many doctors say they've gained insight into the tricky aspects of the particular ailment they had. A Philadelphia surgeon who fractured his ankle remarks, "Now I can understand my patients' troubles with casts—the way the skin swells and itches in hot weather."

4. You learn to understand the altered outlook of the seriously ill. "Before I had a heart attack I never realized how completely helpless a sick person can feel," says an OB/gyn. man. And an ophthalmologist reports that he learned, when hospitalized, not to expect much small talk from the person in bed. "On rounds," he says, "I do all the talking and entertaining now. I get in fast, keep a steady chatter going, then get out!"

"I learned after a coronary occlusion and prolonged hospitalization that inactivity leads



This M.D.-patient speaks from experience

One physician who knows what it's like to be a patient is Thomas E. Rardin (above), a G.P. in Columbus, Ohio. Six years ago he was hospitalized for a hemipelvectomy for chondrosarcoma of the right ilium. Four years later he underwent a bilateral thoracotomy for multiple nonspecific granuloma. Not long ago Dr. Rardin told a panel on "Psychological Factors in Doctor-Patient Relations" how it feels to be a patient. The patient, he said, asks himself: "I wonder what's wrong with me? Can it be cured? Can I get relief from whatever bothers me? Do I have cancer? Will my doctor tell me the truth? Will he really take an interest in me?"

"While many patients try to appear calm and often joke about their illness, underneath each is deeply worried," said Dr. Rardin. "Every patient needs to identify strongly with kind, optimistic, understanding . . . people. . . . In the office these include the receptionist, nurse and doctor; in the hospital . . . technicians, nurses, internes, residents, and all attending and consulting doctors . . . I am certain our patients would receive far more personal care and concern if each of us could experience a serious and unpleasant illness. . . ."

to brooding and discontent," says an Arkansas pediatrician. "So now I try to keep my convalescing patients interested in things they like—reading, painting, maybe listening to hi-fi."

There you have the four main lessons the doctors in my sampling learned about being sick. As much as anything, the survey points to the doctor's increased awareness of psychological needs—and his increased skill in dealing with

Do doctors make good or bad patients?

Good—according to their own testimony. Only one out of ten doctors in the survey admits to having been bad. Members of this latter group were either too eager to be up and doing ("I was more anxious about losing my hardwon practice than I was about dying," says a G.P.-heart case) or prone to disagree with diagnosis and treatment ("I fought an uphill battle against the indiscriminate use of transfusions," a hematologist reports).

those needs. According to one G.P., being on the sick list can also improve a doctor's self-confidence. Says he: "I was pleasantly surprised to find that when I took the advice I used to give my own patients, it worked!"

Bigger tax break for a patient you send south

Next time you tell a patient he needs a long rest in a warmer climate, he may be able to take his family with him and claim an income tax deduction for the cost of their company. Recent developments in an earlier tax case suggest this possibility. Here's the story:

A New Jersey lawyer named Bilder was advised by his doctor to spend the winter in a warm climate. Reluctant to leave his wife and young child up north, he took them with him. He rented an apartment near a hospital to insure that a drug prescribed for his heart condition could be administered properly and promptly.

On his Federal income tax

return, he claimed medical-expense deductions for his personal transportation to Florida and for the rental cost of the apartment he and his family occupied. The Internal Revenue Service denied him all these deductions. He appealed to the Tax Court, which handed down this ruling:

He could deduct his own travel costs. But he couldn't deduct more than his own share (i.e., one-third) of the rental costs, because his wife and child were not "necessary as a part of the treatment."

Dissatisfied with the Tax Court decision, Bilder appealed to the Third Circuit Court. That Court ruled there definitely was a "medical-care" purpose in taking his wife and child to Florida. So their share of the rental was an allowable deduction. Explained the Court:

Bilder needed his wife to help with his treatment. And anxiety at leaving his 3-year-old in strange hands might have further impaired his health. So his family's lodging costs were a legitimate deduction.

Although Bilder didn't deduct

for meals, the Third Circuit Court decision suggests that he could have done so.

What about transportation costs for Mrs. Bilder and the child? Bilder didn't claim this deduction either. But in a similar case, the Tax Court has allowed a deduction for transportation costs of a wife who acted as her husband's nurse.

How your patients fared during the recession

When patients say they can't pay what they owe you because they "got behind during the recession," how likely is their story? Likely enough—if you practice in an industrial city. But if you're in a farm region, your patients may actually have got ahead during the recession.

Those conclusions are based on a recent state-by-state survey conducted by Business Week magazine. Personal incomes for the first two months of booming 1960 were compared with those for the same months of 1961, when business dropped close to

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its recession low. Here's what the comparison shows:

Industrial areas producing steel, autos, or heavy machinery were hardest-hit by the slump. The biggest drop in personal income was Michigan's 17.4 per cent. Sixteen other states suffered decreases in personal income during the recession, and nearly all are hard-goods manufacturing areas. After Michi-

gan, the largest income declines were in Ohio (6 per cent), Indiana (4.5 per cent), and Pennsylvania (3.6 per cent).

Most of the increases were in farm states such as Iowa (9.6 per cent), Wyoming (9 per cent), South Dakota (7.2 per cent), and Nebraska (6.3 per cent). The top gainer was Hawaii, where personal incomes rose 15.2 per cent.



"Now this won't hurt . . . did it?"

The case of the 9,000 cotton balls

According to Dr. William E. Marsh of Berkeley, Calif., many a medical office needs a good housecleaning—and no one cleans house the way a wife does. He found this out when Mrs. Marsh filled in for his ailing aide. "After a couple of hours on the job," he says, "she asked me why every cupboard she opened held cotton balls. Did I really need 9,000 cotton balls?"

Dr. Marsh then asked his wife if she'd mind straightening up his supplies. First she went to work on the cupboard where drug samples were kept. It was bulging with boxes, packages, and bottles with no precise labels. "With the aid of PDR," says Dr. Marsh, "she determined what each sample drug was for. Then she put the drugs into containers labeled Hypertension-Diuretics, G.I., G.U., etc. Noting that many of the drugs were outdated by as much as two years, she checked with me, then discarded them and ordered new ones. After

this, we not only had more space, but I was able to find the drug samples I wanted."

Next came the refrigerator. There Mrs. Marsh found dozens of bottles of outdated biologicals—which Dr. Marsh promptly returned to the respective drug companies for credit.

Other corners of the office yielded other surprises. "The linen cupboard was a nightmare of gowns, towels, and draping sheets," says Dr. Marsh. "My wife knew these items hadn't been rotated because the linens at the bottom were yellow." In a storage closet, Mrs. Marsh found two empty oxygen tanks, which she returned for a deposit refund of \$15 on each. Near the empty tanks was an item Dr. Marsh had been looking for for over a year—a urethral sound.

"In a final burst of enthusiasm," says Dr. Marsh, "my wife attempted an assault on my desk. That's where I drew the line; I'd clean out my private corner myself, I announced. And I did—filling five cartons with long-treasured items. One of them was a little button that said Win With Willkie."

Hire a relative? It makes

In most cases, relatives who are validly employed by you can now earn Social Security credits and you can still tax-deduct their wages

By Donald L. Garber, LL.B.

Ever thought about hiring a relative to help in your practice? You may now have a new economic reason for doing so: The Social Security Act was recently amended to give full coverage to parents who work for their offspring.

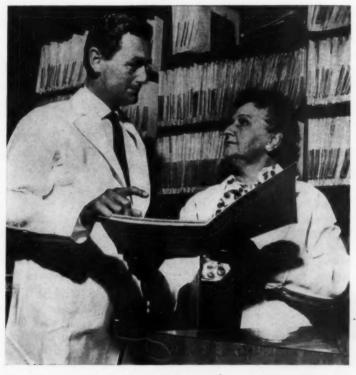
Prior to Jan. 1, 1961, such parent-employes were excluded from Social Security coverage. But now, even if your parents haven't worked before and you put one or both on your office payroll, they'll be earning credits toward benefits when they're 65. Or they can elect to take 80 per cent of their earned monthly benefits, starting at age 62. Your wife and your children under 21, however, are not included in the change; they

still can't earn Social Security benefits by working for you.

This illustrates the fine line that's drawn when family relations get mixed up with employer-employe relations. If you know where the line falls, you may be able to take advantage of it. The same goes for the salary you pay any relative. It's deductible as a business expense on your income tax return if (1) it's in line with the local prevailing scale for comparable jobs, and (2) it's paid for work that tax agents consider "reasonable and necessary."

Of course, T-men may not always agree with what you think is reasonable and necessary. They have their own criteria for determining whether the pay

economic sense



There's something special about this employer-employe relationship: Dr. I. N. Tucker of Mill Valley, Calif., has hired his mother. Thus he gets a competent aide; she gets Social Security.





"There are intangible benefits in hiring your wife as an office nurse," says Dr. Frank W. Barr of Charlotte, N.C. (See demonstration at left.) But there's no tax saving on a joint return. And a wife-employe isn't eligible for Social Security.

for a given job is legally allowable as a deduction. But these criteria are flexible; each case is usually judged on its own merits. Here are seven typical situations:

1. Dr. Archer's 15-year-old son does odd jobs each day at his dad's office and gets a \$10 weekly allowance. Why, the doctor wonders, should he give his son an allowance when he can put him on the payroll and tax-deduct the \$10? So now he's going to make Junior his office boy-messenger at \$10 for a tenhour workweek. Is the boy's salary deductible on Dr. Archer's tax return? If it is, can he still claim the full \$600 dependency exemption for his son?

Yes on both counts. The salary paid is reasonable, and it's for services actually rendered. The normal dependency exemption is also allowable because the son is under 19 years of age. But, being a minor, he will not build up Social Security credits while in his father's employ.

2. Dr. Stern used to refer his six-month-old accounts to a commercial collection agency that retained 50 per cent of the sums collected. But recently he decided to help his retired uncle who needed a bit more income than his pension provided. So the doctor hired him to collect overdue bills. He pays Uncle \$25 a week, plus 25 per cent of all collections, plus travel expenses. Can Dr. Stern tax-deduct these wages, commissions, expenses?

Yes, they're deductible in full. The job is a necessary one, payment is reasonable, and Uncle is performing a service that the doctor previously had to buy.

3. Dr. Kelly was supporting his 70-year-old father, a retired office worker, by giving him \$5,-200 a year. Since he could claim only a \$600 dependency exemption on his tax return, the doctor got no tax relief on the other \$4,600. Now he's put Dad on his office payroll as an accountant at an annual salary of \$5,200. He still pays a certified public accountant \$100 a month to look . after his books. Dad, by the way, has never done any accounting work before. Can Dr. Kelly justifiably deduct his father's salary as an expense?

He probably won't get away with it. Dad's services aren't necessary. Even if they were, his pay would still be out of line —\$100 a week as opposed to \$100 a month to a qualified expert.

4. Dr. Gorgone sent his cousin to medical school for a year. He paid his tuition and gave him \$200 a month to live on. For his kindness, Dr. Gorgone got no tax benefit: The "gift" was not tax-deductible, and the cousin

couldn't be listed as a dependent. Now the doctor has decided to hire him as a part-time business manager at \$400 a month. He has long felt the need for one. Can he deduct the \$400 a month as a professional expense?

Yes, as long as he's able to show that he needs administrative assistance.

5. Dr. Major has always talked over his cases with his



"Someone up there hates your guts."

older brother, also a physician. His brother has just retired, but Dr. Major would still like to get his medical opinions. Can Dr. Major claim a deduction on the \$100 a week he now intends to pay for his brother's advisory services?

If the advisory services are vague, probably not. But let's suppose Dr. Major is an internist and his brother a radiologist. Suppose all chest plates taken in his office are read and reported on by his brother. Here the service is clearly defined, and the job can be considered essential. If the salary paid for it is reasonable, the deduction will be allowed.

6. Dr. Egbert pays his mother-in-law \$5 an hour to act as his receptionist every day while his regular girl is at lunch. The local prevailing rate for such services is \$1.50 an hour. How much of the \$5 rate can the doctor deduct as a legitimate expense?

No more than the prevailing rate: \$1.50 an hour.

7. Dr. Hughes put his wife on his payroll as a receptionist at \$3,900 a year. It's a necessary job, and she does it well. Is her salary tax-deductible? And can the doctor save taxes on his \$20,000 net income by deducting the salary paid her?

His wife's salary is tax-deductible; but if he and his wife file the customary joint return, he won't save a penny by deducting it. Their combined incomes will be exactly what the doctor's income would otherwise have been. However, if they file and pay separately, he'll save.

In these cases we've been concerned mainly with the salary deductions allowed (or not allowed) the doctor-employer on his tax return. But how about the employe-relative? If wages paid him or her are not deductible by the doctor, may the relative consider them a gift and leave them out of his return?

No. Regardless of an employer's inability to tax-deduct a certain salary, it's still a salary —not a gift—to the employe. It must be so reported.

More and more doctors are hiring relatives these days. But only you can decide whether it's wiser to put members of your family to work for you—or keep

Three of these women have vaginitis (trichomonal, monilial or mixed). Only comprehensive therapy can reach all three.

For every 2 cases of vaginitis caused by Trichomonas vaginalis alone, there is usually 1 case caused by Candida (Monilia) albicans, Haemophilus vaginalis, or mixed infection involving several pathogens. ¹⁻² You can reach all of these vaginitis patients with the comprehensive vaginal preparation effective against C. albicans, H. vaginalis and other bacterial pathogens, in addition to T. vaginalis.

1. Powdex for weekly application in your office: Furding and (furazolidone) 0.1% and Micofur® (nifurozime) 0.5%, in an acidic water-dispersible base. 15 Gm. plastic squeeze bottle. 2. Suprostrosts for continued home suc: first week 1 in the morning and 1 on retiring. After first week, 1 at night may suffice. Continue treatment during menses and throughout menstrual cycle and for several days thereafter. Contain Micorum 0.375% and Furding 0.325% in a water-miscible base. Boxes of 12 or 28 suppositories with applicator.

TRICOFURON

. I. Coolidge, C. W.; Glisson, C. S., Jr., and Smith, A. A.; J. M. A. Georgia 48:167 (Apr.) 1959. & Essey, J. E. Am. J. Obet. & Gymc. 77:157 (Jan.) 1959. S. Frech, H.C., and Lanier, L. R., Jr.: J. M. A. Georgia 47:498 (Oct.) 1958. EATON LABORATORIES Division of The Norwich Pharmacal Company NORWICH, NEW YORK



them as far away from your practice as possible. The tax facts given in this article should help you decide.

New tax break if you sell your practice

When a doctor sells his practice, tax men bite into his proceeds. But a recent court decision may make the bite a lot smaller than it used to be. Here's the story:

As you know, an important element in the sale of any business or profession is the goodwill attached to it. The courts have established that income from the sale of this goodwill is a long-term capital gainhence taxed at lower rates than ordinary income. But until recently, when a covenant not to compete was included in the sale, the seller could run into tax problems. If the contract of sale specified a separate price for the covenant, that portion of the sale price was taxed as ordinary income to the seller, not at the capital-gains rate.

Recently, though, the Tax

Court has ruled that when the contract of sale specifies a separate sum for the combination of goodwill and a covenant not to compete, this entire amount is taxable to the seller at the lower capital gains rate. The Court's reasoning: If Doctor X buys Doctor Y's reputation and favor in the community, what he's bought becomes worthless if Doctor Y opens a new office across the street. Thus, the covenant not to compete is merely a provision that protects the goodwill.

Let's see how this new precedent might affect your tax picture if you sold your practice and included a covenant not to compete along with the goodwill:

Suppose the amount you got for goodwill combined with the covenant was \$25,000. And suppose your other taxable income for the year (after deductions and exemptions) amounted to \$8,500. Until recently, if the I.R.S. decided that all of the \$25,000 was for the covenant not to compete (and not for goodwill), it would have been treated as ordinary income, and

your total tax, on a joint return, would have been \$11,150. But with the \$25,000 now treated as a capital gain, your hypothetical tax bill would drop to \$5,660. So the Court's recent decision would save you \$5,490.

How to save taxes when you buy a practice

When you buy a medical practice, you're actually buying a set of individual assets. These may include goodwill, a covenant not to compete, accounts receivable, equipment and fixtures, patients' records, and even a professional building.

The relative values you and the seller assign to those first two assets may help determine your tax savings.

If the biggest part of the purchase price is allocated to goodwill, this amount is not tax-deductible by you, the buyer. But if the biggest part of the price is for a covenant not to compete. you can write off that amount as a business expense and divide the deduction among the years the covenant remains in effect. Moral: If you buy a practice with such a covenant, insist that the biggest portion of your payment for intangibles be earmarked for the agreement not to compete.

Near miss

One night an old chap, hopelessly but happily drunk, was brought to our emergency clinic for overnight lock-up in the restraining ward. He was asked to sign the required release form and did so cheenfully. On reviewing his chart the next morning, we found that he'd signed a form from the wrong stack. He'd released us from "responsibility for the abortion I have had or am about to have . . ."—Marjorie E. Brown, M.D.

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TREPIDONE Mephenoxalone is a new tranquilizer which relieves mild to moderate anxiety and tension without detracting significantly from mental alertness. TREPIDONE helps the patient "be himself" again . . . ealm, yet fully responsive . . . usually free of drowsiness or euphoria.

Complete information on indications, dosage, precautions and contraindications is available from your Lederle representative, or write to Medical Advisory Department.

Average adult dosage: One 400 mg. tablet, four times daily. Supplied: Half-scored tablets 400 mg. TREPI-DONE Mephenoxalone, bottle of 50.



LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



Financial briefs

Medical Economics, July 31, 1961

WILL THAT NEW PATIENT PAY his bill? These tips from a leading consumer finance company may help you judge: Bad risks are less likely to own a phone than good risks. And most bad risks have had the same address and job for a much shorter time than good risks.

FASTEST-GROWING MUTUAL FUNDS in the first half of 1961: Life Insurance Investors (up 44%), Value Line Special Situations (31%), Keystone S-4 (26%), Putnam Growth Fund (24%), and Fidelity Capital Fund (24%). The average appreciation for 35 growth funds: 16%.

IF YOU WANT A THIRD CAR that will fold into the trunk of your second car, take a look at the Diehlmobile. This 3-hp vehicle can take you and two others where conventional cars won't go. Top speed: 18 mph. Price: about \$300.

MOVING SOON? Don't rely on movers' insurance to cover damage; it usually won't pay enough to offset a major loss. If your homeowner's policy doesn't give you this added protection, you can buy trip transit insurance at low cost.

LONG-SHOT NEW ISSUES are still coming on the stock market. One outfit offers shares in a

... Financial briefs

dozen race horses. Another seeks funds to look for sunken treasure, while a third hopes to find uranium in New York. Warns the S.E.C.: Before plunking down any cash, be sure to read the offering circulars on such small issues.

THAT TAX CRACKDOWN you've been hearing about probably won't come in '61. But when it does, it'll be weaker than Kennedy had hoped. The House Ways and Means Committee balks at both a tax hike on dividend income and a limit on entertainment deductions. But it would disallow club dues and put a \$25 top on business gifts.

YOU'RE STORING UP TROUBLE if you don't file a Social Security tax return on any cleaning woman or maid whom you pay \$50 or more in a quarter. Reason: When she applies for benefits, you may be billed for her back taxes, plus 6% annual interest and a penalty as high as 25%. Get forms from your district I.R.S. office.

INSURE YOUR WIFE'S LIFE? Here's why you should consider it: A "substitute mother" for your children could cost you some \$5,000 a year; loss of your joint tax return privilege would take \$2,200 from a taxable income of \$20,000; loss of the marital deduction would cost your heirs \$4,800 on a \$100,000 estate.

this injection will NOT transmit serum hepatitis!



TUBEX sterile cartridge-needle units are just used once, then discarded.

Prefilled and premeasured doses assure accuracy; presharpened needles assure less painful injections for the patient.

Needles are firmly affixed to glass cartridges, which can't deteriorate or contaminate medication.

Most of the injectables commonly called for are available in Tubex form. For others, you can safely use empty sterile cartridge-needle units.

Wyeth Laboratories Philadelphia 1, Pa.



TUBEX

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in more than 750 published clinical studies and over six years of clinical use



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Outstandingly Safe and Effective

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- 2 does not produce ataxia, stimulate the appetite or alter sexual function
- **3** no cumulative effects in long-term therapy
- 4 does not produce depression, Parkinson-like symptoms, jaundice or agranulocytosis
- 5 does not muddle the mind or affect normal behavior

Miltow

Usual dosage: One or two 400 mg. tablets t.i.d. Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; bottles of 50. Also as MEPROTABS* - 400 mg. unmarked, coated tablets; and in sustained-release capsules as MEPROSPAN®-400 and MEPROSPAN®-200 (containing respectively 400 mg, and 200 mg, meprobamate).

* TRADE-MARK



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Green light for osteopaths

Last month the A.M.A. told state medical societies to set their own standards for relations between M.D.s and D.O.s. Here's what's likely to happen

By Jean Pascoe

"Sure, I consult with D.O.s," the M.D.-specialist from St. Louis told me. "Over half my out-of-town patients are referred to me by osteopathic G.P.s. What kind of physician would I be if I didn't speak to my own patients' family doctors?"

"Consult with D.O.s? Never!" snorted a Georgia M.D.
"We've only got seventy in our state, and we're fighting tooth and nail to keep them from expanding their privileges."

These sharply contrasting comments are typical of the two main ways M.D.s react to osteopaths across the nation. And that first statement above is typical of the kind of pressure that finally caused the

A.M.A. to take back its blanket denunciation of D.O.s last month. Recognizing that osteopathic colleges are virtually equivalent to medical schools and that many D.O.s practice scientific medicine, the A.M.A. delegates handed back the problem of ethical relations with D.O.s to the state medical societies to settle for themselves. As a guidepost, the delegates recommended that "if [the osteopath | bases his practice on the same scientific principles as those adhered to by members of the American Medical Association, voluntary professional relationships [between the two types of doctor | should not be deemed unethical."

How will this affect M.D.-

after 3 years' clinical experience:

here is what we now know about MER/29 and...

We know that MER/29 lowers cholesterol in 8 out of 10 patients, even without dietary restrictions. In 576 patients studied by various physicians, average cholesterol levels dropped from 303 mg.% to 241 mg.%—an average decrease of 62 mg.%. We know that MER/29 reduces total

sterols in both blood and tissue.

We know that MER/29 does this by inhibiting the body's own production of cholesterol.

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We know that its use in over 300,000 patients reaffirms the safety margins established in early laboratory and clinical data.

We know that, in some patients, concurrent clinical benefits attend the use of MER/29. Published papers on MER/29 therapy to date report improvement in 50 of the 79 anginal patients reported in these studies, and comparable results are being

obtained in similar studies now in progress. Among the other benefits reported are:

decreased incidence and severity of anginal attacks improved ECG patterns diminished nitroglycerin dependence increased sense of well-being

"During triparanol [MER/29] therapy there was a definite improvement in the electrocardiographic tracings in response to exercise in 3 of 11 subjects with angina pectoris."

-Hollander, W., et al.: J.A.M.A. 174:5 (Sept. 3) 1960.

"Nitroglycerine requirements decreased in 3 [of 5 outpatient] patients, including the patient showing electrocardiographic improvement....Three [of 4 private male patients], after a lapse of some weeks, showed improvement in exercise electrocardiograms, which was sustained but not further improved in subsequent observations."

-Corcoran, A. C., et al.: Progr. Cardiovasc. Dis. 2:(Pt. 1) 576 (May) 1960.

"Of the 45 patients with coronary artery disease followed for 1 year, 16 had a history of frequent anginal attacks. Fourteen of these spontaneously stated that their angina disappeared within 2 months of [MER/29] therapy.... In one patient...with persistent coronary insufficiency pattern (ST segment depressions in multiple leads), there was a complete reversion to a normal tracing during MER/29 therapy with associated clinical improvement in angina."

-Lisan, P.: Progr. Cardiovasc. Dis. 2: (Pt. 1) 618 (May) 1960.

9 and.....what we are learning about atherosclerosis

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"It has become generally accepted that elevated blood cholesterol or lipid, if sustained long enough, leads to early atherosclerosis."

-Page, I. H.: Mod. Med. 29:71 (Mar. 20) 1961.

Epidemiologic studies show that low cholesterol levels are associated with low incidence of atherosclerosis and coronary artery disease. On the basis of such studies, Stamler has said: "...a 15 to 20 per cent reduction in mean serum cholesterol levels alone might be associated with a 25 to 50 per cent reduction, in coronary disease incidence rates in middle-aged men."

- Stamler, J.: Am. J. Pub. Health 50:(Pt. 2) 14 (Mar.) 1960.



Despite our knowledge of the action, benefits and safety of MER/29, much remains to be discovered about the basic concept of cholesterol-lowering therapy. In this, MER/29 is comparable to the well-accepted use of antihypertensive agents: we know they lower blood pressure, but we cannot prove that lowering blood pressure will also lower morbidity or mortality. Yet few physicians hesitate to use these agents. The possible good is too great to ignore.

So it is with MER/29. No one can

yet be certain that sustained, effective lowering of total body sterols will prevent or alter atherosclerosis. But the current evidence strongly supports this concept.

Perhaps that's why a growing number of physicians are prescribing MER/29. They wish to assure their hypercholesterolemic, coronary artery disease, and atherosclerotic patients this reasonable hope.

It is a decision facing every physician.

Complete bibliography and prescription information on request.

MER/29



The Wm. S. Merrell Company Division of Richardson-Merrell Inc. Cincinnati, Ohio/ Weston, Ontario

TRADEMARK: MER/29

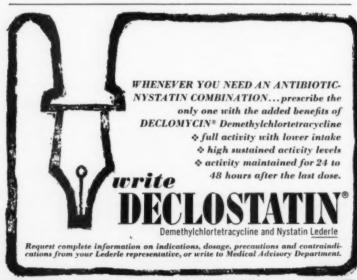


Still available... write for your copy of this full-length report.

D.O. relations? Probably not at all if you live in one of the thirteen states that don't grant D.O.s unlimited licenses. The new A.M.A. edict implies that equality under the law is at least one prerequisite for ethical voluntary associations. So don't look for any action in Alaska, Arkansas, Georgia, Idaho, Louisiana, Maryland, Minnesota, Mississippi, Montana, Nebraska, North Dakota, or the Carolinas until legal restrictions

on osteopaths are loosened in those states.

The A.M.A. action also won't affect M.D.-D.O. relations in California and Kansas—but for a much different reason. Not only are D.O.s granted unlimited licenses in both these states, but California osteopaths have already agreed to merge with medicine if the public O.K.s the move in a November, 1962, referendum. Meanwhile, they've changed



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Sustained Action Tablets

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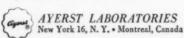
- Exceptionally effective clinically because three-way mechanism of action in one molecule (anticholinergic, musculotropic, ganglionblocking) exerts synergistic spasmolytic effect
- Complementary action permits significantly low dosage and reduces reaction potential of any one mechanism
- Remarkably free from drug-induced complications such as mouth dryness, visual disturbances, urinary retention

Suggested Average Desage: 40 to 80 mg, daily, depending on condition and severity. The higher range of dosage is usually required in spasm of the genitourinary and biliary tracts. One "Murel"-S.A. Sustained Action Tablet morning and evening, #hen anxiety and tension are present, "Murel" with Phenobarb-S.A. is suggested. Available as: No. 315—"Murel" S.A., 40 mg. Valethamate brownide; and No. 319—"Murel" with Phenobarb-S.A. with ½ gr. phenobarbital, present as the sodium salt. Both in bottles of 100 and 1.000.

Also available: "Murel" Tablets No. 314—10 mg, Valethamate bromide; "Murel" with Phenobarbital Tablets No. 318—10 mg, Valethamate bromide and $\frac{1}{2}$ gr. phenobarbital.

"Murel" Injectable No. 405—10 mg, Valethamate bromide per ce. Precautions: As with other antispassmodic agents, caution should be exercised in patients with prostatic hypertrophy, glaucoma, and in the presence of cardiac arrhythmias.

References available on request.



for acute, severe episodes

"MUREL" Injectable

Female patient, age 55, complaining of nausea and epigastric discomfort after meals.

Diagnosis: Hiatus hernia and gastric ulcer.



1 hour after barium administration: Retention of barium due to spasticity of the gastric outlet, and incomplete visualization of the pylorus, duodenum and duodenal sweep. (Some barium has entered the small bowel.)



20 minutes after administration of "Murel" 2 ec. 1.V.: Barium entering duodenum and duodenal sweep as spasticity is relieved.



10 minutes later: Good filling of the gastric outlet as well as of the duodenal sweep.

Medical Records of Ayerst Laboratories 6027

101

061

ANNOUNCING a new antibiotic

for gram-negative pathogens-particularly Pseudomonas

COLY-MYCIN INJECTABLE

Especially valuable in acute or resistant gram-negative urinary infections. Also indicated in pyelonephritis, blood stream, respiratory tract, surgical, wound and burn infections due to sensitive organisms.











PRIMARILY BACTERICIDAL against a wide range of gram-negative organisms. (Not effective against

RAPIDLY EFFECTIVE

Proteus.)

-therapeutic blood and urine levels quickly attained.

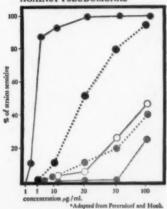
EXCEPTIONALLY SAFE

-at recommended doses - no blood dyscrasia, moniliasis, renal or eighth nerve damage reported. Exceptionally free of resistance and cross resistance problems.

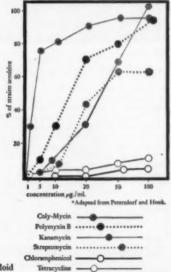
Full dosage information, available on request, should be consulted before initiating therapy.

For intramuscular injection only. In vials containing 150 mg. colistimethate sodium.

BACTERICIDAL ACTIVITY OF COLY-MYCIN AND 4 OTHER ANTIBIOTICS AGAINST PSEUDOMONAS*

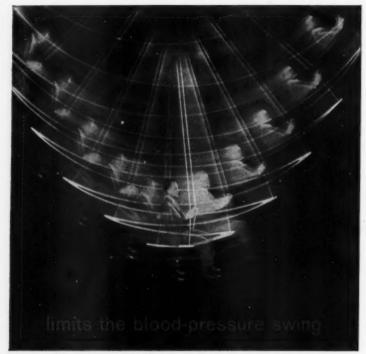


BACTERICIDAL ACTIVITY OF COLY-MYCIN AND 5 OTHER ANTIBIOTICS AGAINST ESCHERICHIA COLI*





makers of Gelusil Tedral Mandelamine Peritrate Proloid



Rautrax-N lowers high blood pressure gently, gradually . . . protects against sharp fluctuations in the normal pressure swing.

Rautrax-N offers all the advantages of Raudixin, Naturetin and potassium chloride in a single dosage form plus: increased efficacy — Combined action of Raudixin and Naturetin results in a potentiated antihypertensive effect greater than that produced by either drug alone. increased safety — Potentiated action permits lower dose of other antihypertensive agents, thus reducing severity of side effects. Protection against possible potassium depletion.

flexibility — Interchangeable with either Raudixin or Naturetin č K. economy — Maintenance dosage of only 1 or 2 tablets daily for most patients. convenience — Once-a-day maintenance dosage. Two potencies available.

Supply: Rautrax-N — capsule-shaped tablets providing 50 mg. Raudixin, 4 mg. Naturetin, and 400 mg. potassium chloride.

Rautrax-N Modified — capsule-shaped tablets providing 50 mg. Raudixin, 2 mg. Naturetin, and 400 mg. potassium chloride.



Squibb Standardised Whole Root Rauwolfia Serpentina (Raudixin) and Bendroflumethiazide (*Naturetin) with Potassium Chloride Squibb Quality - the Priceless Ingredient

'RAUDIXIN'S, 'RAUTRAN'S AND 'BATURETIN'S ARE SQUISS TRADEMARKS.

their Los Angeles college into a medical school and applied for A.M.A. accreditation. In Kansas, the state medical society advised its members as early as 1958 to associate freely with the 140 osteopaths holding unlimited licenses and to accept them on their hospital staffs. Relations are so cordial there that the two professions have

even joined forces to battle the chiropractors.

States most apt to take action on the new resolution are the other thirty-five (plus the District of Columbia) where D.O.s and M.D.s are licensed as equals. The change will naturally come faster in some states than in others for various local reasons. Here's how



"Brace yourself. Here comes another would-be Nobel Laureate!"



ds a first choice URISED[®] is effective in 80 to 90% of urinary infections^{1,2,3,4}

(no side effects reported)

Urised combats bacteria while providing soothing relief in cystitis, urethritis, pyelitis, pyelonephritis and prostatitis. Urised avoids toxic reactions or drog resistance.



Each Urised tablet contains: Atropine Sulfate 1/2000 gr., Hyoscyamine 1/2000 gr., Methenamine, Methylene Blue, Benzoic Acid, Salol and Gelsemium. Supplied: Bottles of 100.

(1) Marshall, W.: Clin. Med. 7:499-502, 1960; (2) Haas, J., and Kay, L. L.: Management of Urinary Tract Infections (to be published); (3) Renner, J., et al.: Urinary Tract Infections: Treatment with Antiesptie-Antispamodic Agent (to be published). (4) Strauss, B.: Clin. Med. 4: 309-310, 1957.



& URISED°

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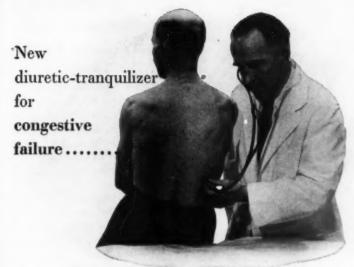
M.D.s in several key states are likely to react:

1. There will probably be quick acceptance of D.O.s in states where M.D.s depend on D.O.s for referrals, Missouri. for example, has urged the A.M.A. for years to remove the cultist stigma from osteopathy. One reason: The state's 1.081 D.O.s (all holding unlimited licenses) make up about 50 per cent of the rural G.P.s. When they refer patients to the medical centers in St. Louis and Springfield, M.D.-specialists have felt obliged to consult with them. So Missouri M.D.s. anxious to knock down all barriers

Redfaced . . .

over an embarrassing experience with a patient or a colleague? You'll feel better if you get paid for telling other doctors about it through these columns. We pay \$25 to \$40 for acceptable contributions. Those not accepted within thirty days may be considered rejected. Write to Anecdote Editor, MEDICAL ECONOMICS, Oradell, N. J.

Medical Economics, July 31, 1961



Drains the Lungs . Calms the Fear

and helps the patient breathe

Miluretic combines hydrochlorothiazide and Miltown in a single tablet - making the treatment of congestive failure simpler for you and cheaper for the patient.

Miluretic's hydrochlorothiazide component drains the lungs of excess fluid to help the patient breathe comfortably while the Miltown component calms the patient's fear and anxiety about his condition.

Saves the patient's money. A prescription for Miluretic is more than 20% cheaper than its two ingredients prescribed separately.

Composition: 25 mg. hydrochlorothiazide + 200 mg. Miltown (meprobamate).

Dosage: For congestive failure, 2 tablets four times a day. For hypertension, 1 tablet four times a day.

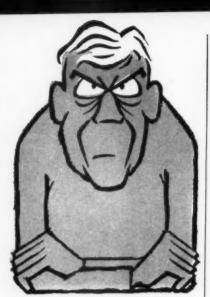
Supplied: Bottles of 50 white, scored tablets.

New

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GTRADE-HARE

107



For patients who object to a mineral oil "taste" in a laxative

new chocolate

Zymenoil

is the answer because it has...

- 1. a delicious Chocolate flavor
- 2. no mineral oil regurgitation
- 3. no irritant laxative drugs and is sugar free
- 4. same therapeutic effectiveness as regular "ZYMENOL" prescribed by doctors for over 25 years.

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between the two professions. have already offered to help boost the quality of clinical training in the state's two osteopathic colleges. And they've paved the way for a future merger by setting up a single licensure board.

The situation is much the same in Philadelphia, where three-fourths of the local M.D.s are specialists, and almost all D.O.s are family doctors. Consultations between the two professions have been so frequent that this spring the county medical society directors declared all relations with D.O.s. ethical, regardless of the A.M.A. The society's members reversed this decision later on.

1961

Medical Economics

Awards

Settle down now to write that article you've thought of so many times-the one that will help your fellow physicians grasp an economic truth, avoid a fiscal mistake, run a better office, or get more genuine satisfaction out of practicing medicine. You can receive up to \$500 for your article. Send your entry, postmarked on or before August 31, 1961, to: Awards Editor, MEDICAL ECONOMICS, Oradell, N. J.

Medical Economics, July 31, 1961

135 tiny doses mean smoother steroid therapy...



In the relatively acid medium of the fasting stomach, Medrol Medules remain essentially intact -only 5% of the Medrol content is released after 2 hours at pH 1.2. However, in the environment of the duodenum (approaching a pH of 7.5), from 90 to 100% of the Medrol is released over a period of 4 hours.

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Slow Release

W 15

pH 3.4

pH 7.5

Slow Absorption

Sustained Action

Each capsule cottoins: Medrol (methylprednisolone) . . . 4 mg. Supplied in bottles of 50 and 100.

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in acute allergic disorders:

Judged to be "a nearly ideal formulation," Medrol Medules gave good to excellent results in 25 of 28 children with various acute allergic disorders. "There were no serious side effects and minor complaints were reported in only two patients." The author also found that "there is a definite advantage for Medrol Medules inasmuch as much smaller doses seem able to produce full clinical relief..."

Indications and effects
Medrol benefits (anti-inflammatory,
antiallergic, antirheumatic, antileukemic, antihemolytic) have been
demonstrated in acute rheumatic carditis, rheumatoid arthritis, asthma, hay
fever and allergic disorders, dermatoses,
blood dyscrasias, and ocular inflammatory disease involving the posterior
segment.

Precautions and contraindications
Because of Medrol's high therapeutic
ratio, patients usually experience dramatic relief without developing such
possible steroid side effects as gastrointestinal intolerance, weight gain or
weight loss, edema, hypertension, acne,
or emotional imbalance.
As in all corticotherapy, however,
there are certain cautions to be ob-

As in all corticotherapy, however, there are certain cautions to be observed. The presence of diabetes, osteoporosis, chronic psychotic reactions, predisposition to thrombophlebitis, hypertension, congestive heart failure, renal insufficiency, or active tuberculosis necessitates careful control in the use of steroids. Like all corticosteroids, Medrol is contraindicated in patients with arrested tuberculosis, peptic ulcer, acute psychoses, Cushing's syndrome, herpes simplex keratitis, vaccinia, or varicella.

1. Dugger, J. A.: J. Michigan M. Soc., 59:1812 (Dec.) 1960.

Medules



for aleri tranquillity

to curb anxiety without curbing precision skills

Because effective antianxiety measures include:

• retaining clarity of mind, sound judgment, precision skills

• retaining natural zest, sense of contact, interest in life

• avoiding ataxia, drug-linked weight gain, destructive impulses

• avoiding jaundice, blood dyscrasias, extrapyramidal reactions

Indications. For use in the common anxiety-tension states, as well as invirtually all conditions in which heightened tension is a barrier to mental of somatic well-being.

Dosage. The usual dosage in adults is one tablet three times daily, prefetably just before meals. In insomnia due to emotional tension, an additional tablet at bedtime usually affords sufficient relaxation to permit natural sleep.

Supplied: Pink, coated, unmarked tablets, 200 mg., bottles of 100;

Before prescribing or administering STRIFTERS, the physician should consult the detailed information on use accompanying the package or available on request

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EMYLCAMATE



continuous protection against vertigo Bonine

effective and sate in mild, severe, or chronic attacks of dizziness associated with cerebral arteriosclerosis and vertigo of labyrinthine disturbances

PTIZER LABORATORIES Division, Chas. Prizer & Co., Inc., Brooklyn 6, N. V.

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BONINE is meclizine hydrochloride, a long-acting, notably well-tolerated agent of established effectiveness in the prevention of dizziness associated with cerebral arteriosclerosis and certain other conditions where attacks of dizziness or vertigo are manifestations of labyrinthine sensitivity.

INDICATIONS: BONINE is of value in controlling dizziness and vertiginous manifestations of cerebral arteriosclerosis, Ménière's syndrome, labyrinthitis, fenestration procedures, and vestibular dysfunction. BONINE is of value also for the control of nausea and vomiting of pregnancy, motion sickness, and radiation sickness.

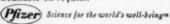
ADMINISTRATION AND DOS-AGE: For control of vertigo, a daily dose of one to four tablets (25 mg. to 100 mg.) is recommended. For dosage schedules in other indications, see package insert.

SIDE EFFECTS: Side effects reported with the administration of BONINE have been mild and/or transient, consisting of occasional drowsiness, dryness of the mouth, and blurred vision.

PRECAUTIONS: As with other antihistaminic compounds, the physician should inform patients of the need for caution in driving a car or when engaged in other activities requiring alertness. There are no known contraindications to BONINE.

SUPPLIED: BONINE Tablets, scored, tasteless, 25 mg. BONINE Chewing Tablets, mint-flavored, 25 mg. BONINE Elixir, cherry-flavored, 12.5 mg. per teaspoonful (5 cc.).

More detailed professional information available on request.



but only because they thought it premature. Now that the question has to be decided on a state-wide basis, will Philadelphia get support from the Pennsylvania Medical Society? Chances are it will. A recent poll of Pennsylvania doctors by the state society found that over half the M.D.s favor voluntary relations with osteopaths. Once the state's 678 unlimited D.O.s are accepted as equals, merger negotiations may eventually follow. Says Dr. Russell B. Roth, chairman of the state medical society's board of trustees: "Most M.D.s I've talked to consider voluntary relations with D.O.s the first step toward unification."

2. There will probably be fairly quick action in states where local problems already confront M.D.s and D.O.s. It's likely, for example, that New Jersey M.D.s will soon approve voluntary relations with the state's 403 unlimited D.O.s. Although the two professions have had little to do with each other so far, a series of incidents foreshadow a change. This spring, the state Supreme

Court ordered the Middlesex County Medical Society to take in a D.O. on the grounds that membership is essential for admittance to most hospital staffs. In other New Jersey areas, M.D.s have had to include D.O.s on the staffs of new hospitals because osteopaths' patients have contributed to the building funds.

Medical men in Michigan may also be forced to take another look at the osteopathic problem. Until now, Michigan M.D.s have had little contact with the state's 1,467 D.O.s who hold unlimited licenses. But D.O. agitation for control of a proposed new state medical school is threatening to change this state of affairs. If the osteopaths' demands gain public support, the M.D.s may have to move quickly to win the D.O.s over. They may start opening up discussions with the state osteopathic society right away,



ALLERGIC DISORDERS RESPONSIVE TO TRIAMCINOLONE

"In general, triamcinolone was found a potent and useful corticosteroid for symptomatic control of allergic disease."*

Supply: Scored tablets of 1 mg., 2 mg. and 4 mg. Syrup, in 120 cc. bottles, each 5 cc. teaspoonful containing 5.1 mg. triamcinolone diacetate providing 4 mg. triamcinolone.

*Glaser, J.: Ann. Allergy 18:510 (May) 1960.

Kenacort



SQUIBB

Squibb Quality—the Priceless Ingredient

Asthma

and approval of voluntary relations with D.O.s may soon follow.

3. There will probably be a slow change in states where M.D.s and D.O.s have been peacefully ignoring each other. Texas and Ohio are two examples. Although each of these states has over 600 unlimited D.O.s, there's little contact between M.D.s and osteopaths at present.

Eventually, New York and

Florida M.D.s might also accept the 400 unlimited D.O.s in each of their states, now that they have the green light from the A.M.A. But until special problems precipitate a crisis, what they'll probably do is file the A.M.A. resolution for future reference.

In sum, it's safe to predict that M.D.s will ultimately treat D.O.s as equals in all states where they're licensed as equals.

IT IS RARELY TOO EARLY, NEVER TOO LATE

TO HYFRECATE

A mom brings in her homely brat and presto, off goes this or that! It is rarely too early, never too late To Hyfrecate!

A blemished girl within her teens Becomes the maid of some boy's dreams! It is rarely too early, never too late To Hyfrecate!

The bridesmaid looks upon her face, Oh doctor, please this mole erase! It is rarely too early, never too late To Hyfrecate!

Enters the matron with alarm, A wart now spoils her gracious charm! It is rarely too early, never too late To Hyfrecate!

Then grandma's change to aspect debonair, Unspoiled by ghastly wisps of hair: It is rarely too early, never too late To Hyfrecate!

Happy the specialist or G.P. Who keeps a Birtcher in his tepee! It is rarely too early, never too late To Hyfrecate!

James E. Lebensohn, M.D., Chicago 24, Ill.



WIN THIS PRIZE! The Birtcher Corporation will award a new Hyfrecator and \$25.00 in cash to the author of any original Hyfrecator Girl poem accepted for publication. Watch this space for these literary gems. Send Poems to Poem Editor, Department ME-761C
THE BIRTCHER CORPORATION, 4371 Valley Boulevard, Los Angeles 32, Calif.

Medical Economics, July 31, 1961

M.D.s get others to cut fees for aged too

Doctors have traditionally reduced fees for patients of modest means—especially the elderly and chronically ill. Now, in one area, doctors are taking the lead in getting others to reduce their charges to such patients.

The "others" are hospitals, dentists, nurses, pharmacists, podiatrists, prescription opticians, dispensing opticians, optometrists, ambulance and oxygen services, physiotherapists, nursing homes, laboratories, surgical supply houses, and prosthetic and orthopedic services. Early this year, the Nassau County (N.Y.) Medical Society spearheaded an "Extended Courtesy" program among these fourteen allied professions and services-fifteen. when M.D.s are included. Only one of the hundreds of individuals and groups contacted refused to pledge support.

The Nassau plan works like this: A doctor finds that a poor, elderly patient must have both dental care and expensive medication. The physician lowers his fee and asks the dentist to do the same. And when the doctor writes the patient's prescription, he adds the notation "E.C." (Extended Courtesy). The pharmacist interprets this as a request to provide the drug at a reduced price.

Any member of the fifteen cooperating units, when he sees a needy patient, may start the fee-reduction chain. For the convenience of members and the public, the medical society has compiled a directory of all the county medical and paramedical resources.

According to one of the plan's founders, Dr. Harold Bernstein, Extended Courtesy is for persons who fit in a middle category between welfare patients and the well-to-do. It applies particularly to elderly people with small, fixed incomes and to families hard-hit by recurring medical expenses due to chronic illnesses. By keeping these patients with their regular doctors and out of the clinics, the plan gives them a sense of independence and free choice.

At the start of the program,



SINGULARLY EFFECTIVE IN A SINGLE DOSE

POVAN provides a simplified and clinically proved means of bringing a common medical problem under control. Through its unusual ability to clear most cases of pinworm infection with just one dose, POVAN permits this problem to be dealt with in a practical manner...preferably on a family or institution-wide busy.

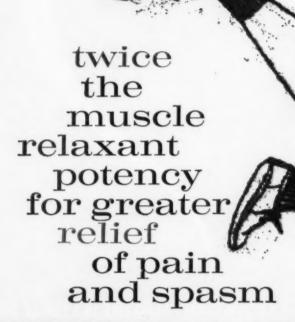
POVAN is well tolerated, readily accepted in both dosage forms, and not appreciably absorbed through the gastrointestinal tract. Its single-dose efficacy makes therapy not only convenient, but economical as well.

Supplied: POVAN is available in suspension or tablet form. The pleasant-tasting, strawberry-flavored suspension is supplied in 2-oz, bottles and the tablets in hottles of 25.





The suspension contains pyrvinium pamoate equivalent to 0 mg, pyrvinium base per co. The sugar-casted tablets each contain pyrvinium pameate equivalent to 50 mg, pyrvinium base. Doscope Children and adults a single oral dose equivalent to 5 mg per kg of body weight. Precovations: Infrequent nauses and vomiting and intestinal compaints have been reported. Tablets should be swallowed while to avoid staining teeth. Will color stools a bright red. Suspension will stain most PARKE-DAVIS materials.



NEW PARAFON

Combining a superior skeletal muscle relaxant¹⁻² with a preferred musculoskeletal analgesic, ^{4,2} new Parafon Forte rapidly relieves both stiffness and associated pain of strains or sprains resulting from trauma or too-vigorous, unaccustomed exertion. Parafon Forte facilitates recovery by improving function. Parafon Forte is equally effective in other musculoskeletal disorders, such as myositis, whiplash injuries, low back pain, and fibrositis. Side effects are rare, almost never require discontinuation of therapy.

Re



PARAFLEX® Chlorzoxazone 250 mg.

Dosage: Two tablets q.i.d. Supplied: Scored, light green tablets, imprinted "McNeIL," in bottles of 50.

References: (1) Settel, E.: Clin. Med. 6:1373, 1959. (2) Peak, W. P., and Smith, P. T.: Penn. Med. J. 63:833, 1960. (3) Mayle, F. C.; Sullivan, P. D., and Auth, T. L.: Med. Ann. D. C. 23:499, 1959. (4) Roth, J. L. A.: Med. Clin. N. Amer. 41:1517, 1957. (5) Batterman, R. C., and Grossman, A. J.: J.A.M.A. 159:1619 (Dec. 24) 1955.

*U.S. Patent No. 2,895,877

McNEIL LABORATORIES, INC. Fort Washington, Pa.

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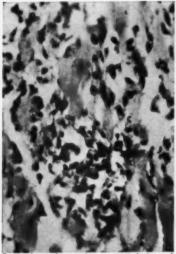
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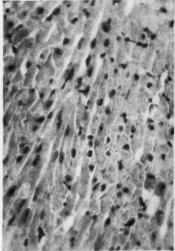
RAFON vositis.

almost

New laboratory evidence shows Serpasil° prevents heart damage



Severe heart damage in unprotected stressed rat. Tissue taken from rat given 2-a-methyl-9-afluorohydrocortisone and stressed by restraint. Photomicrographs from Raab.*



No heart damage in stressed rat protected with Serpasil. Tissue taken from rat given 2-a-methyl-9-a-fluorohydrocortisone and stressed as at left, but also given Serpasil.

Note: While Serpasil did not completely protect the hearts of all animals in this study, it greatly reduced myocardial damage in most of them. Original magnification of photomicrographs above: approximately 480%.

This evidence suggests that Serpasil may protect your hypertensive patient's heart.

Complete information about indications, dosage, precautions and side effects will be sent on request. Supplied: Tablets, 0.1 mg., 0.25 mg. (scored)

•Raab, W.: Research report to CIBA. SERPASIL® (reserpine CIBA)

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2/2934 HK-3

several physicians asked for rulings on who was eligible and how to scale adjustments. "We really couldn't answer them," says Dr. Bernstein, "because we don't have rules as such. What we have are criteria based on an age-old tradition of professional medicine."

As an expression of these criteria, the society divided fee reductions into three classesmaximum, moderate, and minimum. "These are pretty much what they sound like," explains Dr. Bernstein. "If a doctor's regular office fee is \$15, he can scale it down as he thinks appropriate to the patient's means. The lowest limit would be \$3.50 or so, just short of the rate that the welfare department guarantees for office calls. In some cases, the doctor may want to go as low as this welfare rate if the patient is in bad financial straits but still can't pass the welfare means test."

The important thing is the doctor's judgment. The medical society has promises in writing from all the cooperating units to accept "the recommendation of the physician . . . at its face

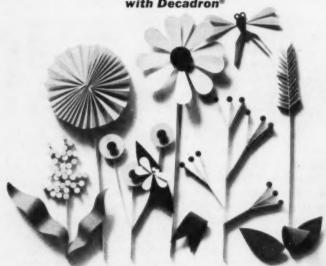
value until proven otherwise."

Although membership is voluntary, the program has teeth in it. Each of the fifteen allied groups have formed committees to police the actions of its members. And the medical society's grievance committee will act on complaints of noncompliance against doctors. "So far," says Dr. Bernstein, "no member of the plan has disputed the judgment of another."

Could this scheme be widely used? The Nassau County Medical Society feels it could. Its representatives outlined the plan recently at the White House Conference on Aging. They also note that Extended Courtesy, as a strictly private venture, won't die out with the passing of new state or Federal legislation.

To make sure that the plan remains privately controlled, the society refused an offer by the county department of health to pay for printing 15,000 copies of the community resources directory. The entire cost of the directory, compiled after nineteen months of painstaking study, was borne by the society.

in severe pollen sensitivity... rapid relief and control of symptoms on short-term therapy with Decadron®



Short-term treatment with DECADRON brought "...immediate complete suppression of symptoms"1 in 56 patients who had not responded fully to ragweed emulsion. "In no patients...were there any immediate or delayed signs of hypercorticism . . . no side reactions or untoward effects of any definition or type."1 Therapeutic doses of steroids may help prevent recurrences of severe allergic states, without interfering with desensitization or other immunity procedures.2

References: 1. Brown, E. A.: Antibiotic Med. & Clin. Ther. 6:412, 1959. 2. Feinberg, S. M.: Med. Sci. 6:(No. 3)181, 1959. Supplied: As 0.75 mg, and 0.5 mg, scored, pentagon-skaped tablets in bottles of 100 and 1000. As Injection DECADRON Phasphate

in 5 cc. vials, each cc. centaining 4 mg. of dexamethasone 21-phosphate as the disodium salt; inactive ingredients: 8 mg. creatinine, 10 mg. sedium citrate; sedium hydroxide to pH 7.8, and water for injection q.s. 1 cc.; preservatives: 0.32 per cent sedium bisulfite and 0.5 per cent phenal.

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TREATS MORE PATIENTS MORE EFFECTIVELY

time	amount	administration	
1st day	one to two cc. (4 to 8 mg.) Injection DECADON Phosphate intramuscular	repeated as necessar (In substituting tablet therapy, give the first oral dose four or five hours before the final parenteral dose.)	
2nd day	two 0.75 mg. Tablets DEGADRON	b.i.d.	
3rd day	two 0.75 mg. Tablets DECADRON	b.i.d. b.i.d. per day	
4th day	one 0.75 mg. Tablet DECADON		
5th day	one 0.75 mg. Tablet DECADRON		
6th day	one 0.75 mg. Tablet DECADRON	per day	
7th day	RETURN VISIT		

Practice management



Answers to the following doctors' questions are supplied by a panel of two physicians, Dr. Alfred P. Ingegno and Dr. Irving M. Levitas; and four management consultants, Joseph F. McElligott, Allison E. Skaggs, Millard K. Mills, and Clayton L. Scroggins.

Question: My partner and I have been thinking of adding a small service charge to delinquent accounts. We think this would encourage prompt payment. What do you think? Answer: Don't do it, say the panel members. "It may add to your income, but it's hardly worth it when you end up looking more like a moneylender than a man of medicine." Question: I have a part-time aide who's in the office only twelve to fifteen hours a week. She's asked me not to withhold income tax from her paycheck this year. Since she and her husband have three small children, they get money back when they file a joint return. Why, she asks, deduct it in the first place? It sounds reasonable, but is it legal? Answer: It's not legal. The law says your aide is a regular employe: You hired her, you supervise her, and you're responsible for her work. Naturally, she can list the number of exemptions that will determine how much you deduct. But once that's decided, you're liable for the tax if you don't withhold it.

Question: I'm buying land for a new office building. How

Notable Success with VISTARIL...

in prepartum tension and anxiety



allays anxiety without impairing ability to cooperate during labor and delivery. reduces narcotic requirements and incidence of narcotic-induced respiratory depression, helps control emesis^{1,4}

in the cardiac or the hypertensive patient



allays anxiety without adverse influence on blood pressure² helps correct certain functional arrhythmias, does not increase gastric secretion⁸

in problem drinkers



allays anxiety makes patient more manage able³ produces no significant depression of blood pressure, pulse rate, or respiration. No liver involvement reported

in preoperative tension and anxiety



allays anxiety without depression of vital functions* reduces incidence of narcotic-induced respiratory depression and hypotension, relaxes skeletal muscle, smooths recovery and helps control emesis*

in pediatrics



allays tension in agitated, hyperkinetic patients avoids danger of liver damage or other untoward reactions

References: 1. Benson, C., and Benson, R. C.: Scientific Exhibit, Illinois Acad. Gen. Practice, Sept., 1960. 2. Salmons, J. A.: Dis. Chest. 38:105, 1960. 3. Major, R. A.: GP 21:104, 1960. 4. Grady, R. W., and Rich, A.L.: Scientific Exhibit, Am. Soc. Anesth., New York, Oct. 4-7, 1960.

IN BRIEF

Vistaril is hydroxyzine pamoate. The hydrochloride salt of hydroxyzine is used in the parenteral

Vistaril acts rapidly in the symptomatic treatment of a variety of neuroses and other emotional disturbances manifested by anxiety, apprehension or fear—whether occurring alone or complicating a physical illness. Used preoperatively and prepartum, Vistaril controls anxiety and fear, permits a substantial reduction in the amount of meperidine or other narcotic required for satisfactory analgesia, and helps prevent emesis. Vistaril's calming effect usually does not impair discrimination, and is accompanied by direct and secondary muscle relaxation. No toxicity has been reported with Vistaril, and it has a remarkable record of freedom from reactions.

INDICATIONS: Vistaril is clinically effective in anxiety and tension states, senility, anxiety associated with various disease states, alcoholism, preand postpartum and pre- and postoperative tension and emesis, certain functional arrhythmias,

and pediatric behavior problems.

ADMINISTRATION AND DOSAGE: Dosage varies with the state and response of each patient, rather than with weight and should be individualized by the physician for optimum results. Recommended oral dosage: In anxiety and tension states, senility, alcoholism, pre- and postoperative and pre- and postopartum tension and emesis: up to 400 mg. daily in divided doses. In anxiety associated with asthma, neurodermatoses, menopausal syndrome, digestive disorders, functional or essential hypertension, tension headaches: 50 mg. q.i.d. initially—adjust according to response. In cardiac arrhythmias: initial—25 mg. q. 6 h. until arrhythmia disappears; maintenance or prophylactic—50-75 mg. daily in divided doses. In pediatric behavior problems under 6 years: 50 mg. daily in divided doses. Six and over: 50-100 mg. daily in divided doses. Six and over: 50-100 mg. daily in divided doses. Six and over: 50-100 mg. I.M. or I.V. q. 4 h., p.r.n. In cardiac arrhythmias: 50-100 mg. I.M. stat, and q. 4-6 h., p.r.n.; maintain with 25 mg. b.i.d. or t.i.d.

SIDE EFFECTS: Drowsiness may occur in some patients; if so, it is usually transitory, disappearing within a few days of continued therapy or upon reduction of dosage. Dryness of mouth may be encountered at higher doses.

PRECAUTIONS: The potentiating action of hydroxyzine should be taken into account when the drug is used in conjunction with central nervous system depressants. Do not exceed 1 cc. per minute IV. Do not give over 100 mg. per dose I.V. Parenteral therapy is usually for 24-48 hours, except when, in the judgement of the physician, longer-term therapy by this route is desirable.

SUPPLIED: VISTARIL Capsules (hydroxyzine pamoate)—25, 50, and 100 mg. VISTARIL Oral Suspension (hydroxyzine pamoate)—25 mg. per 5 cc. teaspoonful. VISTARIL Parenteral Solution (hydroxyzine hydrochloride)—10 cc. vials, 25 mg. per cc.; 2 cc. ampules, 50 mg. per cc.

More detailed professional information available on request.

125

for successful tranquilization -

Vistaril*

ORAL/HYDROXYZINE PAMOATE PARENTERAL/HYDROXYZINE HYDROCHLORIDE

effectively allays anxiety

no reported incidence of liver damage, respiratory depression or addiction

exerts helpful antiemetic, antisecretory, antipruritic effects

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much will I need for a parking lot?

Answer: The accepted formula is 300 square feet per car. This provides 200 square feet for the stall and 100 square feet for maneuvering. Space for five patients' cars at a time-plus your own and your aides'-is adequate for most doctors. You'll want to check that figure against your usual waiting room load. Also check local zoning ordinances for any special requirements. If the area is developing quickly, you may want to buy up more land than you need. That way you'll be able to enlarge your parking area later if you find it necessary-or sell

off the extra land at a profit. *Question:* I'm anxious to get my patients with overdue bills to pay up. But my conservative partners don't approve of collection letters. Dunning, they claim, is undignified. How can I win them over?

Answer: The panel feels your partners probably have the wrong impression of collection letters. They might be surprised to learn that such reminders don't have to be crass or undignified. You'll find respectable examples to show them in "How to Make Your Collection Letters Pull Better," in the April 24, 1961, issue of MEDICAL ECONOMICS.

Passing fancy

When a new patient called for an appointment, she mentioned that I'd been highly recommended by her neighbor, Mrs. Davidson. My aide, knowing I'd want to review the referring patient's chart, searched for Mrs. Davidson's file in vain. When the new patient arrived, my aide questioned her. "Oh, Mrs. Davidson isn't one of the doctor's patients," she explained. "She just passes his office every day on the way to the food store."

—Jordon S. Matlin, M.D.

Lilly

RESTORE VITALITY...

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to "the under-par child"*

NEW Zentron

comprehensive liquid hematinic

- · corrects iron deficiency
- · restores healthy appetite
- · helps promote normal growth

* underweight, easily fatigued, anorexic—due to mild anemia

Each 5-cc. teaspoonful provides:

Ferrous Sulfate (equivalent to		
20 mg. of iron)	100	mg.
Thiamine Hydrochloride (Vitamin B ₁)	1	mg.
Riboflavin (Vitamin B ₂)	1	mg.
Pyridoxine Hydrochloride (Vitamin Ba	0.5	mg.
Vitamin B ₁₂ Crystalline	5	mcg
Pantothenic Acid (as d-Panthenol)	1	mg.
Nicotinamide	5	mg.
Ascorbic Acid (Vitamin C)	35	mg.
Alcohol, 2 percent.		

Usual dosage:

Infants and children—1/2 to 1 teaspoonful (preferably at mealtime) one to three times daily.

Adults—1 to 2 teaspoonfuls (preferably at mealtime) three times daily.

Zentron™ (iron, vitamin B complex, and vitamin C, Lilly)

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both blood picture
and patient respond to

TRINSICON*

For a rapid hematological response . . . striking clinical improvement

Two Pulvules® Trinsicon daily are capable of producing in ten days an Hb and RBC response comparable to that obtained after a transfusion of one pint of whole blood. For potent, complete anemia therapy, prescribe Trinsicon ... just 2 a day for all treatable anemias.

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'Medicine's now an industry, and you're just a cog,' say the authors of this important new book.

They see solo practice as done for. In fact . . .

They say you can't go it alone!

By Horace Cotton

Americans are living longer than ever, but they're sicker. They're getting better medical care than ever, but they like their doctors less. Medicine is the best-paying profession of our time, but it can't lure enough choice recruits. We need twentyfour new medical schools, but those we have can't find enough charity patients to keep the students busy. Three out of four Americans have health insurance, but many still have to borrow to meet their health care costs.

Why all these paradoxes in our affluent society? How did health and medicine in the U.S. get that way? To find some an-

swers, The Brookings Institution of Washington, D.C.-with an assist from the Ford Foundation-financed an ambitious research project by Professor Herman M. Somers and his wife, Anne, of Haverford College (Pa.). After three years' research their findings were recently published in a fact-filled book* of encyclopedic range. It's an important book, prepared under conservative sponsorship, that comes to some notably nonconservative conclusions. Some of these conclusions may well disturb you, especially if you dig

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[&]quot;Doctors, Patients, and Health Insurance," Herman M. and Anne R. Somers, The Brookings Institution, Washington, D.C., \$7.50.

below their circumspect phrasing.

What's made the U.S. health scene the crazy jigsaw the Somerses have so patiently pieced together? As I interpret their answer, it's this: Medicine has ceased to be a profession and is now an industry. "Today," say the Somerses, "it is no longer possible . . . for a single doctor to deliver a total medical product. Medical practice is inescapably an organizational process."

To back up this contention, they point to the decline of gen-

eral practice, the rise of specialism, the growth of combined practice, and the increase in the "paramedical occupations," Concerning the latter development. the Somerses report that the ratio of doctors to nondoctors in the health industry is now one to ten. This bulge in medicine's auxiliary force, the study indicates, is helping to stave off the full effects of a doctor shortage. Why? Because "the modern doctor operates with increased efficiency, aided by the advanced technology of a new industrial complex and much greater at-





anorectal comfort...that lasts

Patients want full, fast and lasting relief from the distressing symptoms of common anorectal disorders.

For hemorrhoids, proctitis and pruritus ani, start therapy with ANUSOL-HC-2 suppositories daily for 3 to 6 days—to reduce inflammation, relieve pain and itching, and shorten total treatment time. Maintain patient comfort with regular ANUSOL-1 suppository morning and evening and after each evacuation to prevent recurrence of symptoms. Supplement with Anusol Unguent as required.

Neither Anusol nor Anusol-HC contains anesthetic agents which might mask symptoms of serious rectal pathology.

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hemorrhoidal suppositories and unguent

anusol-HC

hemorrhoidal suppositories with hydrocortisone acetate, 10 mg.

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MALOUS OF TERRAL DELUGIC PROLOTO PERITRATE MANDELANINE

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ed al tention to the 'management' aspects of medical practice."

Additional evidence of medicine's industrialization, according to Professor and Mrs. Somers, is the steady increase in the proportion of doctors who work on salary. Thirty years ago, one physician in sixteen was employed by a hospital; today the ratio is one in six. Thirty years ago, 2 per cent of the nation's doctors worked in Federal service: now 8 per cent do. And the Somerses note that although the traditional fee-for-service system is still dominant, "other methods are spreading rapidly."

The authors clearly regard the advent of "other methods" as a step forward, although they do not actually advocate fixed salaries as an alternative to fee-for-service. Say the Somerses warily: "[We do not] mean that the doctor should have no say as to determination of charges or concern about his own income. [We do] mean that these considerations should be minimized in the direct personal relations between doctor and patient, and transferred, so far as possible, to a more neutral office not involved in treatment."

What is the "neutral office" that should regulate doctors' fees? You'll find out presently. First, let's inspect a few more gleanings from the Somerses' mountain of health care facts.

On skyrocketing hospital costs: After admirably summarizing the cost crisis threatening our non-Federal short-term hospitals, the Somerses have this to say: "The hospitals will not be permitted to go broke... The question is whether they will be permitted to continue in relatively extravagant autonomy."

If not autonomy, what then? Forecast: "The general hospital may have to become part of a community and regional complex of . . . 'parahospital' facilities." This solution, the authors concede, isn't new, "but in the current cost crisis . . . it is doubtful that it can be much longer postponed without bringing on some far more drastic action."

On health insurance for the aged: "If the government assumes primary responsibility

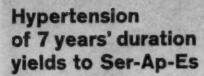


Photo used with patient's permission.

Combination brings blood pressure down after other agents fail — During the past 7 years, Mrs. E. A.'s hypertension gradually advanced in severity. In 1956 and 1957 multiple retinal hemorrhages occurred in the right eye, and vision in this eye deteriorated. Retinopathy advanced to Grade III; EKG showed left ventricular hypertrophy; renal studies showed increasing involvement.

A wide variety of antihypertensive agents (including ganglionic blockers) failed to stabilize blood pressure at satisfactory levels or caused

troublesome side effects.

When therapy with Ser-Ap-Es was started, Mrs. A.'s blood pressure (sitting and standing) was 230/120 mm. Hg. With Ser-Ap-Es, blood pressure (sitting and standing) has now been reduced to 190/90, and Mrs. E. A. enjoys a measure of control that had not been achieved with previous agents.

Because it provides 4 actions—central, cardiac, renal and vascular—in one convenient tablet, Ser-Ap-Es can help you bring more of your hypertensive patients under control. SUPPLIED: Tablets (salmon pink), each con-

taining 0.1 mg. Serpasil, 25 mg. Apresoline hydrochloride, and 15 mg. Esidrix.
For complete information about Ser-Ap-Es (including dosage, cautions, and side effects), see Physicians' Desk Reference or write CIBA, Summit, N. J.

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The actions of Serpasil, Apresoline and Esidrix in a single tablet:

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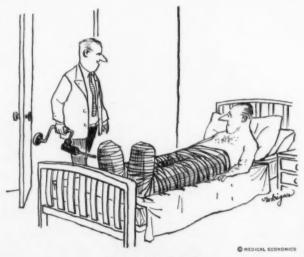
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for [health insurance] 'havenots,' we should then be able to move on to insurance for 90-95 per cent of the population, with private insurance retaining the central and dominant role within a pluralistic system."

Assuming that at present the aged are the only "have-nots," will Uncle Sam stop there? Say the Somerses: The "only rational fear private insurance can have of government coverage of the aged is that it might

later extend the program to additional groups." This won't happen, they believe, if private insurance keeps its benefits high and its premiums low. Minimum acceptable benefits, the Somerses think, must cover not less than two-thirds of all personal health care costs—i.e., hospitalization expenses, out-of-hospital family medical care costs, and drug costs.

What if private insurance can't offer such benefits at



"We forgot something."

132



Kills pain....stops tension

For neuralgias, dysmenorrhea, upper respiratory distress and postsurgical conditions—new compound gives more complete relief than other analgesics

soma Compound

Composition: Soma Compound—200 mg. Soma (carisoprodol), 160 mg. phenacetin, 32 mg. caffeine; Soma Compound + Codeine=same as Soma Compound plus ¼ gr. codeine phosphate.

Dosage: For either form, 1 or 2 tablets q.i.d.

Supplied: Soma Compound—apricot-colored, scored tablets; Soma Compound + Codeine
white, lozenge-shaped tablets; each form in bottles of 50 tablets.

Literature and samples of Soma Compound available on request.



CSO-4441

New for more severe pain

soma Compound - codeine

BOOSTS THE EFFECTIVENESS OF CODEINE: Soma Compound boosts the effectiveness of codeine. Therefore, only ¼ gr. of codeine phosphate is supplied to relieve the more severe pain that usually requires ½ gr.

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It takes only two tablets for sustained

One tablet on arising protects through the working day, virtually eliminates the need for emergency daytime medication.



One tablet 12 hours later lets the patient sleep, reduces the need for middle-of-the-night emergency medication.



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Tedral SA

Sustained-Action antiasthmatic

New Tedral SA-particularly indicated for patients who need continuous medication over prolonged periods-protects against bronchial constriction, reduces mucous congestion, increases vital capacity and ability to exhale, and reduces the frequency and severity of asthmatic attacks throughout the day and night...with convenient b.i.d. dosage.

FOR ADULTS, 1 tablet on arising and 1 tablet 12 hours later. Each tablet contains 180 mg. theophylline, 48 mg. ephedrine HCl, and 25 mg. phenobarbital.

PRECAUTIONS: Tedral SA should be used with caution in patients with cardiovascular disease and/or severe hypertension, circulatory collapse, hyperthyroidism, prostatic hypertrophy or glaucoma. Phenobarbital in the formula may be habit forming.

For samples and literature on new Tedral SA write to P.O. Box 16, Morris Plains, N. J.

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GP14A

prices within the average citizen's ability (or willingness) to pay? Say the authors: If a majority of the privately-insured become disillusioned, "this could indeed undermine the private movement."

On medical school building programs: The new medical schools the nation needs-for which Professor and Mrs. Somers make out an irresistible case -might cost a billion dollars to build. Private philanthropy and state governments, long the financial props under medical education, can't cope with a problem this size, report the authors: "All objective studies have reached the inescapable conclusion that, if the necessary funds are to be found, Federal assistance will be required."

On drugs: "Can the nation afford—and will it long permit—its doctors to be completely dependent for their knowledge and use of essential drugs on the competitive pressures of commercial enterprise. . . ?" The Somerses suggest we allow "hospitals, institutions, public programs, and other organized medical care plans . . ." to

adopt formularies for their own staffs of doctors serving them. Moreover, health insurance should cover prescription drugs dispensed outside hospitals. "If it continues to be assumed that drugs are not insurable, and they continue to consume an increasing portion of rising medical costs, strong public reaction may be anticipated," they predict.

By now you'll have noted that the book "Doctors, Patients, and Health Insurance" comes up with much the same diagnosis of each problem it examines: The people struggling to solve it aren't really getting anywhere. Someone else will have to step in. And that "someone" will have to have immense monetary resources, plus the power to take drastic action.

See if you find a common ingredient in these Somers prescriptions:

Rx for hospitals: "Ideally one would like to see a maximum degree of self-regulation [of hospitals] but clearly this has not proved adequate." And later: "Some [hospital leaders] feel that Federal authority may



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by supplying a dependable source of vitamins, minerals, hormones, and digestive enzymes.

- vitamins to help maintain cellular function and to prevent and correct vitamin deficiencies
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Each ELDEC Kapseal contains vitamins-1,667 units A, 0.67 mg. B, mononitrate, 0.67 mg. B, 0.5 mg. pyridoxine hydrochloride, 0.033 N. F. Unit (Oral) B₁₂ with intrinsic factor concentrate, 0.1 mg. folic acid, 33.3 mg. C, 16.7 mg. nicotinamide, 10 mg. dl-panthenol, 6.67 mg. choline bitartrate; minerals-16.7 mg. ferrous sulfate (exsiccated), 0.05 mg. iodine (as potassium iodide), 66.7 mg. calcium carbonate; digestive enzymes - 20 mg. Taka-Diastase® (Aspergillus oryzae enzymes), 133.3 mg. pancreatin; amino acids - 66.7 mg. l-lysine monohydrochloride, 16.7 mg. dl-methionine; gonadal hormones - 1.67 mg. methyltestosterone, 0.167 mg. Theelin.

Indications: To supplement other sources of vitamins, minerals, hormones, digestive enzymes, and amino acids.

Dosage: One Kapseal three times daily before meals. Female patients should follow each 21-day course with a 7-day rest interval.

Precaution: Contraindicated in patients wherein estrogen or androgen therapy should not be used, as in carcinoma of the breast, genital tract, or prostate, and in patients with a familial tendency to these types of malignancy; give cautiously to females who tend to develop excessive hair growth or other signs of masculinization.

Packaging: ELDEC Kapseals are available in bottles of 100.

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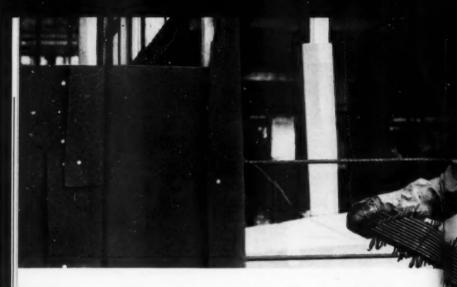
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Put your low-back patient back on the payroll

Soma's prompt relief of pain and stiffness can get your low-back patients back to work in days instead of weeks

Soma is unique because it combines the properties of an effective muscle relaxant and an independent analgesic in a *single drug*.

Thus with Soma, you can break up both pain and spasm fast, effectively ... help give your patient the two things he wants most: relief from pain and rapid return to full activity.

Soma is notably safe. Side effects are rare. Drowsiness may occur, but usually only with higher dosages. Soma is available in 350 mg. tablets, USUAL DOSAGE IS 1 TABLET Q.I.D.

The muscle relaxant with an independent pain-relieving action



(carisoproaol, Wallace)

Wallace Laboratories, Cranbury, New Jersey



be required for adequate standard setting, although administration would be at the state level." Inference: Hospitals can't regulate themselves, so government must regulate them.

Rx for the aged: "... It is clear that private health insurance can win the opportunity to provide adequate coverage for the large majority of the population only if it is relieved of the impractical burden of carrying the aged and certain other exceptionally high-cost risks. Working together, with government filling the gaps, near-universal coverage for the American people can probably be achieved."

Rx for medical schools: "If



medical education were accepted as a national responsibility... the doors would be opened to a new supply of competent young people who are without the resources to consider medical school..."

Rx for hospital charges, physicians' fees, and drug prices: The authors review five sources of authority in these problem areas: self-regulation by the providers, regulation by consumer groups, regulation by insurance carriers, public regulation, and mixed forms of regulation. They think it "likely that public regulation will emerge as the most practical and most acceptable form."

Don't all the Somers prescriptions have the same basic ingredient: Federal or state participation? So it seems to me. But don't be unduly depressed. Because, the Somerses say, the ultimate decision regarding the future shape of U.S. health care is up to you. In their words, "the crucial determinant" in controlling health costs is likely to be the attitude of doctors.

Here's how the Somerses see your immediate future: "We

ANTIDEPRESSANT
WITH EFFECTIVE
ANTI-ANXIETY
PROPERTIES...



new...a potent antidepressant with effective anti-anxiety properties



	TARGET SYMPTOMS OF DEPRESSION:			
Class of compounds	Anxiety	Insomnia	Depression	Over-all relief of symptoms
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ANTIDEPRESSANTS		ent giv ties	ti stimulants and lidepressents, if or to anxious pe- sts, will increase antiety "!	+
ELAVIL	cians customar patients with a and a tranquilize	ELAVIL) acted beinti-depressent (ly treat anxieucombinatios of ar. This is seldon VIL because it anti-anxiety prope	2'2 Many physics or depressed antidepressent necessary when has both anti-	++



effective in patients with depression . . . particularly useful in those with predominant symptoms of anxiety and tension ... provides prompt relief of anxiety and insomnia associated with depression

SPAN OF ACTIVITY OF PSYCHOACTIVE DRUGS TRANQUILIZERS **ANTIDEPRESSANTS** ELAVIL

SNDICATIONS: manic-depressive reaction — depressed phase; involutional melan-cholia; reactive depression; schizoaffective depressions; neurotic depressive reaction; and these target symptoms: anxiety: depressed mood; insomnia; psychomotor retar-dation; functional somatic complaints; loss of interest; feelings of guilt; anorexia. May be used whether the emotional difficulty is a manifestation of neurosis or psychosis, and in ambulatory or hospitalized patients. 3, 4, 5

psychosis, 4 and in ambulatory or hospitalized patients.^{2, 4, 2}

USUAL ADULT ORAL DOSAGE: Initial, 25 mg, three times a day, until a satisfactory response is noted. Many patients improve rapidly, although some depressed patients may require four to six weeks of therapy before obtaining maximum benefit. In severely depressed patients, as much as 150 mg, per day may be given. Maintenance, 25 mg, two to four times a day. Some patients may be maintained on 10 mg, four times a day. The natural course of depression is often many months in duration. Accordingly, it is appropriate to continue maintenance therapy for at least three months after the patient has achieved satisfactory improvement in order to lesses the possibility of relapse, which may occur if the patient's depressive cycle is not complete. In the event of relapse, therapy with ELAVIL may be reinstituted.

Compete. In the event or respect therapy with a texture may be reinstant.

ELAVIL in not a monoamine oxidese (MAO) inhibitor. No evidence of drug-induced jaundice or agranulocytosis has been noted. Side effects (drownlness, dizziness, nauses, excitement, hypotension, fine tremor, jitteriness, headache, heartburn, anorexie, increased perspiration, and skin rash), when they occur, are usually mild. However, as with all new therapeutic agents, careful observation of patients is recommended. As with other drugs possessing significant anticholinergic activity, ELAVIL is contraindicated in patients with glaucome.

SUPPLY: Tablets, 10 mg, and 25 mg., in bottles of 100. Injection (intramuscular), 10 mg. per cc., 10-cc. vials.

REFERENCES: 1. Perioff, M. M., and Levick, L. J.: Clinical Med. 7:2237, Nov. 1960. 2. Freed, H.: Am. J. Psychiat. 117:455, Nov. 1960. 3. Dorfman, W.: Psychosomatics 1:153, May-June, 1960. 4. Ayd, F. J., Jr.: Psychosomatics 1:320, Nov.-Dec. 1960. S. Barsa, J. A., and Saunders, J. C.: Am. J. Psychiat. 117:739, Feb. 1961.

Before prescribing or administering ELAVIL, the physician should consult the detailed information on use accompanying the pockage or available on request.



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can expect little, if any, further increase in productivity through the doctor working harder or faster. This process may have already passed the point of diminishing returns. The only promising method now lies in better organization—augmenting the individual doctor's skills and capacities with institutional arrangements whose efficacy has already been demonstrated."

These "institutional arrangements" favored by the authors are group practice, hospitalbased practice, and other forms of combined practice. What kind of group practice do the writers prefer? Closed-panel group practice combined with prepayment. For "of all methods of financing medical care in the United States, the insurance mechanism approaches most nearly the psychologically desirable goal of combining ease of payment with financial responsibility."

Here we have the "neutral of-

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before *they* learn their letters... you can learn how well they see



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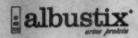
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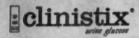
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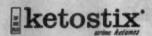
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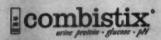
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Medical Economics, July 31, 1961





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practice plans eligible for the same type of governmental stimulation as hospitals have received under the Hill-Burton Act."

You don't like the sound of it? You're one of those who believe it's important to maintain the traditional doctor-patient relationship? Prepare yourself for a shock:

"Whatever else one may say about the 'traditional' doctorpatient relationship," say the Somerses in the bluntest sentence in their big book, "one must recognize that for the vast majority of mankind it never existed." That's not all: Its image "is not only inaccurate," but "has lost most of its beneficent value and may now have become injurious to doctor and patient alike."

Well, that's their view, and it's worth thinking about. But your view still counts. If vigorously expressed, it'll probably keep you from being drafted against your will into any "efficacious institutional arrangement." As Professor and Mrs. Somers observe on page 496: "Although nearly 30 per cent of

all doctors are now on salary and 10 per cent in group practice, the official voice of the profession remains largely that of the solo fee-for-service practitioner."

'We don't need mandatory A.M.A. membership'

One way to increase your delegation to the A.M.A. is to make A.M.A. membership compulsory for members of your state medical society. Eleven state medical societies already require this. But when the Medical Society of the State of New York voted to do the same this spring, many Manhattan and Brooklyn doctors objected vehemently. In fact, the move may cost the New York society some of its members.

Right now the New York State society numbers about 25,000 M.D.s. Some 7,000 of these (mostly from New York City) don't belong to the A.M.A. If they join, New York State can add seven more members to its A.M.A. delegation, making it the largest in the country. But PLUS THE BENEFITS OF A FECAL SOFTENER



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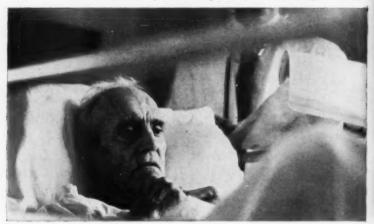
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... Your profession

some metropolitan doctors have already said they'll quit the state society rather than join the national organization. Their reasons:

1. Increased dues. According to one Brooklyn doctor, "We're paying \$99 in state and county society dues right now. A.M.A. dues will bring the total to \$134 a year. Some of our older, less active members don't want to pay that much."

2. A.M.A. ideology. Says a Manhattan M.D.: "I can't go along with the A.M.A.'s questionable stand on Social Security for doctors." Some others object to the A.M.A.'s position on health care for the aged.

3. Independence. "Doctors do not like to be compelled to do anything," says another Manhattan physician. "A lot of M.D.s oppose compulsory A.M.A. membership on principle."

But chances are there won't be any large-scale walkout. The reason: The doctors don't have to join the A.M.A. until next December. "And by that time," predicts a state society officer, "most of the objectors will have simmered down."

Medical Economics, July 31, 1961

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is dedicated to saving lives from cancer and spearheads the fight against cancer quackery. Its Committee on New or Unproved Methods of Treatment of Cancer has a membership of physicians, lawyers, educators, and public relations specialists. This committee has been a prime mover in developing constructive action

against cancer quackery

Inspired by model legislation formulated by this committee with the active cooperation of the California Medical Association, California, Kentucky and Nevada recently passed bills providing the first effective means of fighting cancer quackery at its base of operations—in the local community.

To keep both the public and the medical profession informed, the Society has established, in its national office, a central repository of material on new or unproved methods of cancer diagnosis, treatment and cure—a principal source of such information in this country.

The American Cancer Society, in this as in all its efforts, serves both the private citizen and the practicing physician—and is, in turn, served by both.



THE AMERICAN CANCER SOCIETY

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Memo from the editors

Medical Economics, July 31, 1961

News isn't enough

When you read newspapers, you naturally get the news. When you read MEDICAL ECONOMICS, you get the news and its significance—what it's going to mean to you. The difference is well illustrated in the way this magazine covered last month's A.M.A. meeting in New York.

Twenty-one members of MEDICAL ECONOMICS' editorial staff were there. They weren't looking for spot news. Instead, they were talking with A.M.A. delegates and other doctors—hundreds of them—about osteopathy, medical discipline, the Kennedy health plan, and other really significant issues. Out of all these interviews came the material for MEDICAL ECONOMICS' most important stock in trade: helpful interpretation.

Newspapers have already reported the A.M.A.'s new policy statement on osteopaths. MEDICAL ECONOMICS used it as a springboard for further research. Some of its interpretive findings appear on page 97. More will follow in early issues.

Newspapers have also carried

the highlights of the A.M.A.'s new plan for policing the profession. But for its full significance, don't miss the cover story in MEDICAL ECONOMICS' next issue. Its three parts:

¶ "He's a Menace to the Public and the Profession." Portrait of a bad apple and his effect on the community, as seen by a medical society secretary.

¶ "There Are 15,000 to 20,000 Doctors Like Him." An expert's evaluation of the extent of the problem, the number of bad apples, and the reasons.

¶ "Self-Discipline Starts at the Top." The A.M.A.'s strengthening of its disciplinary system gives good doctors new weapons to use against bad doctors.

Other news reports have told you a little about the latest Gallup Poll: Two-thirds of those polled favored the President's health plan for the aged. Here again, these bare facts aren't enough. The reactions of A.M.A. doctors make it clear there's shocking political significance in the Gallup figures. MEDICAL ECONOMICS will bring you that story soon—another you won't see in the newspapers.

Take an "inside look" at a remarkable advance in topical steroid therapy

Veriderm Medrol consists of Veriderm, a base closely approximating the composition of normal skin lipids, and Medrol, highly effective corticoid.

Topical use of Veriderm Medrol Acetate produces symptomatic relief and objective improvement of dermatoses, and at the same time aids in correcting dry skin conditions. Veriderm Medrol Acetate, less greasy than an ointment, less drying than a lotion, is indicated in atopic, contact, or seborrheic dermatitis; neurodermatitis; anogenital pruritus; allergic dermatoses.

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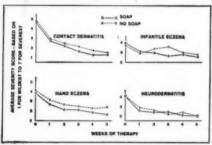
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New clinical evidence shows that the use of a pure, mild soap can be permitted in the management of eczematous conditions! Up to this time there has been no controlled study which allowed physicians to draw their own conclusions about patients' personal use of toilet soap while under treatment for eczematous conditions. However, a recent study at a large university hospital has determined the role of pure, mild soap in the management of eczema.

250 eczema patients, seen over a period of a year, were used in the test. Four disease groups were studied: neurodermatitis, contact dermatitis, infantile eczema, and eczematous hand dermatitis. All patients were given identical therapy. Within this regimen, there was a single exception: the experimental group used a pure, mild soap for routine bathing and hand washing.* The control group did not use soap for any purpose.

The investigators concluded that no significant difference in rate of recovery existed between the two groups. The charts below tell the story.



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REFERENCE: Management of Patients with Eczematous Diseases: J.A.M.A., 173:11, pp. 1196-1198, July (16), 1960.



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